

the Massachusetts

nurse Advocate

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ VOL. 78 No. 8



September 2007

Safe Staffing Hearing: Oct. 24



BEDSIDE NURSES KNOW: Fewer Patients = Better Healthcare

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Our stake in rebuilding the health care system

By Sandy Eaton, RN

Those of us who labor in the fields of health care in Massachusetts have experienced profound changes over the last two decades. With these changes, we've organized to deflect the worst of the assault on our professional integrity and we've committed ourselves to reshaping the world in which we work along humane and effective lines.

The wage raises that ended the last cyclical nursing shortage of the mid-eighties seduced administrators into importing job re-engineering consultants. They proposed cutting labor costs by redefining our practice as a laundry list of tasks, most of which could be farmed out to others. Then, for the first time, we experienced massive layoffs. The juggernaut of state, county and municipal privatizations ensued—and the consequences associated with those disruptions in care are still being felt.

In 1991 the commonwealth deregulated hospital finance, thus putting the commercial health insurance industry in the driver's seat. For-profit hospital chains entered the picture for the first time, and heavy managed care penetration followed. Health care delivery in Massachusetts was refashioned into an industry modeled on the assembly line.

The MNA then organized the first of many rallies at the State House for patient safety in June 1993, uniting RNs, LPNs and students. In September 1994, the MNA—pushed by its Cabinet for Labor Relations—launched its Statewide Campaign for Safe Care, thus developing a public education and legislative agenda, most of which has long since been accomplished (most notably caregiver identification and whistle-blower protection).

The motion at the annual MNA business meeting to adopt single-payer, taxpayer-funded, universal health care as a goal failed by two votes in 1993 amid calls to stay the course with the 1,100-page Clinton plan based on "managed competition" and the creation of regional pools to broker commercial insurance products. By November 1994, the single-payer goal was embraced at convention almost by acclamation. MNA has been a vibrant part of the Massachusetts Campaign for Single Payer Health Care (MASS-CARE) ever since.

When MDs and other clinicians, fed up with the damage to their practice, formed the Ad Hoc Committee to Defend Health Care, we were there to help. Many of us participated in the December 1997 re-enactment of the Boston Tea Party,

throwing insurance forms and letters denying care into Boston Harbor. Many of us signed the JAMA's statement "A Call to Action: For Our Patients, Not For Profit."

When Ad Hoc launched Question 5 on the 2000 ballot, MNA was there, providing material support through the Labor Cabinet and our Public Communications Department. Outspent fifty-to-one, the coalition backing Question 5 nevertheless garnered a respectable 48 percent of the vote in November. More importantly, this campaign pushed the Legislature to establish a managed care bill of rights and sponsor a thorough study of health care financing in Massachusetts. This study showed that nearly thirty-nine cents of every health care dollar goes to overhead, not care—effectively demonstrating that there is absolutely no excuse for financial barriers to needed services.

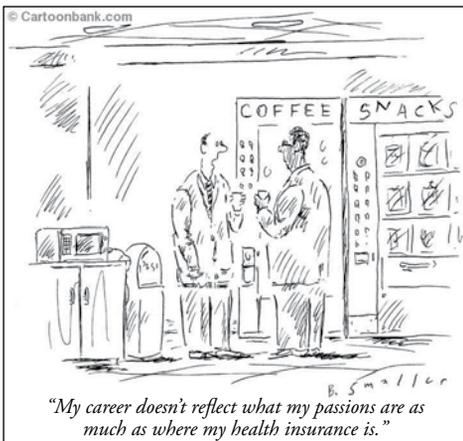
The MNA worked closely with the Ad Hoc Committee (now known as the Alliance to Defend Health Care) and many others in promoting the move to amend the Massachusetts constitution to make access to affordable, comprehensive health insurance the right of all residents. After enjoying initial acclaim and success, this petition died. But the specter of quality, affordable, comprehensive health care as a human right has not been dispelled.

Most recently, the MNA linked arms with nursing organizations across North America and with Physicians for a National Health Program in promoting the "Scrubs for SiCKO" campaign, thus using the window of opportunity provided by Michael Moore's latest documentary. Many relish Moore's irreverent approach to issues, while others revile it. Nevertheless, the sorry state of our broken health care system impels all patient advocates to engage in efforts to create a just health care system, to fight to switch the paradigm from market medicine to social good.

Health care reform needs to address access, affordability and quality together. We struggle to enact a limit on patient loads in the acute-care sector. We are the quality-control factor in health care. Through support for the Massachusetts Health Care Trust bill in Massachusetts and Congressman John Conyers' HR.676, the strengthened and improved Medicare for All bill, we work to guarantee everyone the same high standard of care in the least wasteful manner.

We do this to protect all our patients, as well as our own safety and sanity. It's what we do. ■

Sandy Eaton, RN, is vice-chair of MASS-CARE.



the Massachusetts nurse Advocate

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MNA MASSACHUSETTS NURSES ASSOCIATION



New look for our newsletter, new opportunity to pass safe staffing

By Beth Piknick
MNA President

As you have no doubt noticed, this issue of our organization's newsletter features an entirely new look and format—one that we hope our readers will find more attractive, informative and readable. We have moved to a smaller, magazine-style format with the aim of providing cutting edge news that the nurses can use, while still showcasing the MNA's ongoing activities. We hope you like it and we invite readers to send us their comments on how we can further improve this publication.

We are also in the process of updating and revamping our Web site, which we hope to unveil in the New Year. All of this is part of our ongoing effort to make the MNA more appealing, more relevant and more useful for all our members.

In addition to our new look, we have a new and vitally important opportunity to finally pass legislation to regulate RN staffing levels in our state's acute care hospitals. As this month's cover story indicates, Oct. 24 is a key date in this process, as this is the date for the first public hearing for H.2059—our landmark bill to set a safe limit on the number of patients a nurse can be assigned at one time. The bill would also ban the practice of mandatory overtime and provide a variety of important recruitment initiatives to address the long term supply of nurses.

The need for this bill was given strong support last month when the DPH issued a report showing that as many as 2,000 patients a year die needlessly in our hospitals from hospital-acquired infections. The associated costs for these infections total more than \$400 million annually.

In the months prior to the release of this report, two studies were published that made a direct link between RN staffing ratios and these types of infections. In fact, there have been no less than five studies published in the last seven months that validate nurses' positions on this issue, which

adds to the 25 other studies that have been published in the last five years.

The evidence is unequivocal and overwhelming: safe patient limits save lives, save millions of dollars in hospital costs and are the key to recruiting/retaining the nurses to meet the needs of hospital patients. Our case has been made. Last year we passed this bill in the House, and it would have passed in the Senate if it had been brought to a vote by the then Senate president.

Now we have more evidence, and a new opportunity, to push this bill on towards passage. To date, 107 organizations have signed onto the bill. Our support in the House of Representatives is stronger than it was last time around. We have a new Senate president and our support in the Senate is growing. We also have a sympathetic governor who is in support of this measure.

But our first step in this process is to get this bill out of the Public Health Committee, and that requires a strong showing of nurses at the State House on Oct. 24, as well as phone calls and e-mail messages to legislators from every nurse.

To contact your legislator quickly and easily, visit www.capwiz.com/massnurses. The campaign for this bill is gaining strength and with your help we will achieve victory.

You will notice that between pages 8 and 9 of this issue of the *Massachusetts Nurse Advocate* is a bumper sticker that promotes the campaign. We hope that each of you will take the time to put this bumper sticker on your vehicle, as it will become a powerful and visible symbol for the nurses' campaign throughout the commonwealth.



Beth Piknick

Finally, I wanted to call your attention to Page 29 of this publication, which features a call for participation by nurses in a research study about the MNA and our recent experience in going through disaffiliation from the American Nurses Association. Barry Adams, a doctoral candidate at Brandeis University, is conducting an important study of this issue and its impact. We invite nurses who are interested to check out the ad and to participate in this study. ■

What you will get with the passage of H.2059

Among other things, the safe staffing bill will:

- Have the state's DPH develop and implement limits on the number of hospital patients assigned to RNs.
- Reduce errors caused by fatigue and overwork by prohibiting mandatory overtime.
- Prevent RNs from floating without proper orientation.
- Stop hospitals from assigning unlicensed workers to perform care that demands licensed nursing expertise. Only nurses should provide nursing care.
- Protect against the reduction of other members of the health-care team including LPNs, aides and technicians.
- Instruct DPH to account for ancillary staff in the development of the staffing limits and the standardized acuity system.

More information: massnurses.org

Dues proposal from Region 4 Board to be taken up at Convention

By Brian Zahn

The Board of MNA Region 4 has heard from many of our members about the increases in MNA dues over the past couple of years. Members' opinions vary widely, from those who find the dues very burdensome to those who believe the dues are fair considering the higher salaries and benefits the MNA has helped nurses achieve and the work the MNA does for nurses, our professional practice and for our patients.

One issue that most people seem to have in common is that very important decisions about dues increases are made by a relatively small number of MNA members, the 200 or so who attend the annual business meeting at convention. Yet dues increases impact over 20,000 members.

In order to address this issue, the Region 4 Board has put forth a proposal that would give every MNA member the right to vote, by secret mail ballot, for any future increases in MNA dues.

Such a change requires an amendment to the Bylaws of the MNA. Bylaw changes are approved at the MNA's annual meeting, at convention, when two-thirds of the members who are present vote in favor of the amendments.

So now it's up to you. If you feel that approval of dues increases should be done through a secret mail ballot, you need to attend this year's MNA annual meeting at the Springfield Sheraton, on Thursday, Oct. 4, starting at 2 p.m. to cast your vote.

You must be there in person. You do not need

to register for the annual meeting in advance and there is no charge for members to attend annual meeting.

Brian Zahn is an RN, president of the Board of Directors Region 4 MNA and chair of the Lawrence Public Health MNA bargaining unit. ■

Corrections

In the June 2007 edition of the *Massachusetts Nurse*, Nancy Gilman was incorrectly identified in a caption for a photo on page 5.

In the July/August 2007 edition, we incorrectly identified the author of an article entitled "What If ..." on page 8. The author of that article was Deb Rigiero. ■

On Oct. 24, the place to be will be Beacon Hill!

On Wednesday, Oct. 24 at 10 a.m., the Legislature's Public Health Committee will conduct a hearing on H.2059, the Patient Safety Act. The Patient Safety Act calls on the Department of Public Health to set a safe limit on the number of patients a nurse is assigned at one time.

In addition, the bill calls for staffing ratios to be adjusted based on patients' needs. It also bans mandatory overtime and includes initiatives to increase nursing faculty and nurse recruitment.

The Massachusetts House of Representatives passed a similar bill by a margin of 133-20 last year, but the bill was never voted on in the Senate. The MNA has refiled the bill this year and, in order to pass the bill into law, we need you at the public hearing on Oct. 24!

To attend the hearing and show your support, contact Riley Ohlson at 781-830-5740 or via e-mail at rohlon@mnarn.org. Transportation will be available. ■



Don't know your legislator?
Go to www.capwiz.com/massnurses
and enter your address.

The Patient Safety Act: Decision Makers, Round 1

The Joint Committees on Public Health and Health Care Financing

H.2059, the Patient Safety Act, will be heard by the Joint Committee on Public Health on Oct. 24. The bill may later be referred to the Joint Committee on Health Care Financing.

Below is a list of members of each of these committees, along with information about the districts they represent. We have also indicated whether or not they co-sponsored H.2059, and, for House members, how they voted on a similar bill last year.

All RNs should call their legislators about H.2059, but RNs living in districts represented by any of these members have a *special responsibility*. The

members of these committees will be the first to cast a vote on the Patient Safety Act. They need to hear from their constituents *this fall*.

If you live in one of these districts, it is imperative that you let your elected officials know that you need them to support this legislation.

The communities represented by each legislator are listed. Please call your representative and/or senator and urge them to vote for a favorable release of H.2059, the Patient Safety Act. If you're not sure who your representative is, visit www.capwiz.com/massnurses and type in your address. Please call your legislator today!

Joint Committee on Public Health

Sen. Susan C. Fargo/Chair (Democrat)

- Telephone: 617-722-1572
- E-mail: Susan.Fargo@state.ma.us
- Represents: 3rd Middlesex: Bedford, Carlisle, Chelmsford, Concord, Lexington, Lincoln, Sudbury, Waltham, Weston

Sen. Cynthia Stone Creem/Vice Chair (Democrat)

- Telephone: 617-722-1639
- E-mail: Cynthia.Creem@state.ma.us
- Represents: 1st Middlesex & Norfolk: Brookline, Newton, Wellesley

Sen. Stephen J. Buoniconti (Democrat)

- Telephone: 617-722-1660
- E-mail: Stephen.Buoniconti@state.ma.us
- Represents: Hampden: Agawam, Chicopee, Springfield, West Springfield

Sen. Harriette L. Chandler (Democrat)

- Telephone: 617-722-1544
- E-mail: Harriette.Chandler@state.ma.us
- Represents: 1st Worcester: Worcester, Berlin, Boylston, Clinton, Holden, Northborough, Paxton, Princeton, West Boylston
- Co-sponsored H.2059

Sen. Robert L. Hedlund Jr. (Republican)

- Telephone: 617-722-1646
- E-mail: Robert.Hedlund@state.ma.us
- Represents: Plymouth & Norfolk: Cohasset, Duxbury, Hingham, Hull, Marshfield, Norwell, Scituate, Weymouth
- Co-sponsored H.2059

Rep. Peter J. Koutoujian/Chair (Democrat)

- Telephone: 617-722-2130
- E-mail: Rep.PeterKoutoujian@hou.state.ma.us
- Represents: 10th Middlesex: Newton, Waltham, Watertown

- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Alice K. Wolf/Vice Chair (Democrat)

- Telephone: 617-722-2400
- E-mail: Rep.AliceWolf@hou.state.ma.us
- Represents: 25th Middlesex: Cambridge
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Timothy J. Toomey Jr. (Democrat)

- Telephone: 617-722-2692
- E-mail: Rep.TimothyToomey@hou.state.ma.us
- Represents: 26th Middlesex: Cambridge, Somerville
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Anne M. Gobi (Democrat)

- Telephone: 617-722-2210
- E-mail: Rep.AnneGobi@hou.state.ma.us
- Represents: 5th Worcester: Barre, Brookfield, Hardwick, New Braintree, North Brookfield, Petersham, Phillipston, Spencer, Templeton, Ware, West Brookfield
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Jennifer M. Callahan (Democrat)

- Telephone: 617-722-2130
- E-mail: Rep.JenniferCallahan@hou.state.ma.us
- Represents: 18th Worcester: Bellingham, Blackstone, Millville, Sutton, Uxbridge
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Mary E. Grant (Democrat)

- Telephone: 617-722-2220
- E-mail: Rep.MaryGrant@hou.state.ma.us
- Represents: 6th Essex: Beverly
- Co-sponsored H.2059

- May 2006 vote: Yes on similar bill

Rep. Jennifer L. Flanagan (Democrat)

- Telephone: 617-722-2040
- E-mail: Rep.JenniferFlanagan@hou.state.ma.us
- Represents: 4th Worcester: Leominster
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Carl M. Sciortino, Jr. (Democrat)

- Telephone: 617-722-2140
- E-mail: Rep.CarlSciortino@hou.state.ma.us
- Represents: 34th Middlesex: Medford, Somerville
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Cleon H. Turner (Democrat)

- Telephone: 617-722-2090
- E-mail: Rep.CleonTurner@hou.state.ma.us
- Represents: 1st Barnstable: Brewster, Dennis, Yarmouth
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Robert S. Hargraves (Republican)

- Telephone: 617-722-2305
- E-mail: Rep.RobertHargraves@hou.state.ma.us
- Represents: 1st Middlesex: Ayer, Dunstable, Groton, Pepperell, Townsend
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Donald F. Humason Jr. (Republican)

- Telephone: 617-722-2803
- E-mail: Rep.DonaldHumason@hou.state.ma.us
- Represents: 4th Hampden: Westfield
- May 2006 vote: No on similar bill



Joint Committee on Health Care Financing

Sen. Richard T. Moore/Chair (Democrat)

- Telephone: (617) 722-1420
- E-mail: Richard.Moore@state.ma.us
- Represents: Worcester & Norfolk: Bellingham, Blackstone, Douglas, Dudley, Hopedale, Mendon, Milford, Millville, Northbridge, Oxford, Southbridge, Sutton, Uxbridge, Webster

Sen. Marc R. Pacheco/Vice Chair (Democrat)

- Telephone: 617-722-1551
- E-mail: Marc.Pacheco@state.ma.us
- Represents: 1st Plymouth & Bristol: Berkley, Bridgewater, Carver, Dighton, Marion, Middleborough, Raynham, Taunton, Wareham
- Co-sponsored H.2059

Sen. Patricia D. Jehlen (Democrat)

- Telephone: 617-722-1578
- E-mail: Patricia.Jehlen@state.ma.us
- Represents: 2nd Middlesex: Medford, Somerville, Winchester, Woburn
- Co-sponsored H.2059

Sen. Susan C. Fargo (Democrat)

- Telephone: 617-722-1572
- E-mail: Susan.Fargo@state.ma.us
- Represents: 3rd Middlesex: Bedford, Carlisle, Chelmsford, Concord, Lexington, Lincoln, Sudbury, Waltham, Weston

Sen. Karen E. Spilka (Democrat)

- Telephone: 617-722-1640
- E-mail: Karen.E.Spilka@state.ma.us
- Represents: 2nd Middlesex & Norfolk: Ashland, Framingham, Holliston, Hopkinton, Medway, Natick, Franklin

Sen. Gale D. Candaras (Democrat)

- Telephone: 617-722-1291
- E-mail: Gale.Candaras@state.ma.us
- Represents: 1st Hampden & Hampshire: Belchertown, East Longmeadow, Granby, Hampden, Longmeadow, Ludlow, Springfield, Wilbraham
- May 2006 vote: No on similar bill (while House member)

Sen. Bruce E. Tarr (Republican)

- Telephone: 617-722-1600
- E-mail: Bruce.Tarr@state.ma.us
- Represents: 1st Essex & Middlesex: Boxford, Essex,

Georgetown, Gloucester, Groveland, Hamilton, Ipswich, Manchester-by-the-Sea, Middleton, Newbury, North Andover, North Reading, Rockport, Rowley, Wenham, West Newbury, Wilmington

Rep. Patricia A. Walrath/Chair (Democrat)

- Telephone: 617-722-2430
- E-mail: Rep.PatriciaWalrath@hou.state.ma.us
- Represents: 3rd Middlesex: Bolton, Hudson, Maynard, Stow
- May 2006 vote: Yes on similar bill

Rep. Stephen Kulik/Vice Chair (Democrat)

- Telephone: 617-722-2430
- E-mail: Rep.StephenKulik@hou.state.ma.us
- Represents: First Franklin: Belchertown, Chesterfield, Conway, Deerfield, Goshen, Huntington, Leverett, Montague, New Salem, Pelham, Shutesbury, Sunderland, Wendell, Whately, Williamsburg, Worthington
- May 2006 vote: Yes on similar bill

Rep. Frank M. Hynes (Democrat)

- Telephone: 617-722-2552
- E-mail: Rep.FrankHynes@hou.state.ma.us
- Represents: 4th Plymouth: Marshfield, Scituate
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Robert M. Koczera (Democrat)

- Telephone: 617-722-2582
- E-mail: Rep.RobertKoczera@hou.state.ma.us
- Represents: 11th Bristol: Acushnet, New Bedford
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Kay Khan (Democrat)

- Telephone: 617-722-2011
- E-mail: Rep.KayKhan@hou.state.ma.us
- Represents: 11th Middlesex: Newton
- May 2006 vote: Did not vote

Rep. David P. Linsky (Democrat)

- Telephone: 617-722-2210
- E-mail: Rep.DavidLinsky@hou.state.ma.us
- Represents: 5th Middlesex: Millis, Natick, Sherborn
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Michael F. Kane (Democrat)

- Telephone: 617-722-2263
- E-mail: Rep.MichaelKane@hou.state.ma.us
- Represents: 5th Hampden: Holyoke
- May 2006 vote: Yes on similar bill

Rep. Peter V. Kocot (Democrat)

- Telephone: 617-722-2210
- E-mail: Rep.PeterKocot@hou.state.ma.us
- Represents: 1st Hampshire: Hatfield, Montgomery, Northampton, Southampton, Westhampton
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Christopher N. Speranzo (Democrat)

- Telephone: 617-722-2080
- E-mail: Rep.ChristopherSperanzo@hou.state.ma.us
- Represents: 3rd Berkshire: Pittsfield
- May 2006 vote: Yes on similar bill

Rep. Steven J. D'Amico (Democrat)

- Telephone: 617-722-2014
- E-mail: Rep.StevenD'amico@hou.state.ma.us
- Represents: 4th Bristol: Norton, Rehoboth, Seekonk, Swansea
- Co-sponsored H.2059
- May 2006 vote: None. Elected November 2006

Rep. Angelo J. Puppolo Jr. (Democrat)

- Telephone: 617-722-2011
- E-mail: Rep.AngeloPuppolo@hou.state.ma.us
- Represents: 12th Hampden: East Longmeadow, Springfield, Wilbraham
- May 2006 vote: None. Elected November 2006

Rep. Robert S. Hargraves (Republican)

- Telephone: 617-722-2305
- E-mail: Rep.RobertHargraves@hou.state.ma.us
- Represents: 1st Middlesex: Ayer, Dunstable, Groton, Pepperell, Townsend
- Co-sponsored H.2059
- May 2006 vote: Yes on similar bill

Rep. Susan Williams Gifford (Republican)

- Telephone: 617-722-2090
- E-mail: Rep.SusanGifford@hou.state.ma.us
- Represents: 2nd Plymouth: Bourne, Carver, Wareham
- May 2006 vote: Yes on similar bill

Another study links RN staffing to increased infection rates

State's DPH releases similar stats;

2,000 state residents die annually from hospital infections

A new study published in the July edition of the open access journal *Critical Care* finds that understaffing of registered nurses in hospital intensive care units increases the risk of serious infections for patients; specifically pneumonia, a preventable and potential deadly complication that can add thousands of dollars to the cost of care for hospital patients.

Act (H.2059), currently before the Massachusetts Legislature.

In the case of the *Critical Care* study, Stéphane Hugonnet and colleagues from the University of Geneva Hospitals, Switzerland, investigated the number of patients admitted to the ICU who developed ventilator-associated pneumonia (VAP), over a four-year period. They then compared this to the number of nurses on duty for each patient in the preceding days. VAP affected

about an average of 10 extra days in the hospital at a cost of \$10,000 to \$40,000.

"This is yet another in a long line of recently published studies that clearly demonstrate that improving RN staffing ratios has enormous societal benefits in terms of lives saved and reduced complications, while also being highly cost effective," said Karen Higgins, RN, an ICU nurse at Boston Medical Center and co-chair of the Coalition to Protect Massachusetts Patients—an alliance of 107 leading health care, civic and consumer groups promoting passage of the Patient Safety Act. "There is no longer any rationale for allowing hospitals to deprive patients of the lifesaving care nurses are capable of providing if and when nurses have a safe number of patients to care for at one time."

A 2003 report by the prestigious Institute of Medicine on the impact of nurses' working conditions on patient safety found that poor RN staffing and excessive overtime increased the likelihood of preventable patient injuries and deaths. One of the recommendations of the IOM report was for a strict limit of no more than two patients for nurses in ICUs as well as to provide limits on overtime for nurses.

Nurses in Massachusetts hospitals, including those working in ICUs, are regularly forced to accept unsafe patient assignments as identified in the new study. A study of actual RN staffing levels in the state's hospitals conducted by the MNA and Andover Economic Evaluation in 2006 found that in a shocking 36 percent of observations

hospitals failed to meet the accepted minimum standard of no more than two patients per nurse in the intensive care unit.

The Patient Safety Act (H.2059) would dramatically improve care by setting a safe limit on the number of patients assigned to a nurse. The measure, which is co-sponsored by state Rep. Christine Canavan (D-Brockton) and Sen. Marc Pacheco (D-Taunton), calls upon the Department of Public Health to set a safe limit on the number of patients a nurse is assigned at one time. In addition, the bill calls for staffing ratios to be adjusted based on patient needs. It also bans mandatory overtime and includes initiatives to increase nursing faculty and nurse recruitment. During the last legislative session, the Massachusetts House of Representatives passed a similar bill by a vote of 133-20. A hearing on the bill before the Joint Committee on Public Health has been scheduled for Oct. 24. ■



Meanwhile, the Massachusetts Department of Public Health released a similar report ("State targets killer hospital infections," *Boston Herald*; Aug. 8, 2007) announcing that as many as 2,000 Bay State patients a year are dying needlessly from hospital-acquired infections.

"These reports are shocking, but not surprising," said Beth Pkinnick, RN and MNA president. "Any nurse who has been forced to practice under the current conditions in our state's hospitals could have predicted these types of statistics."

These studies represent the second and third such studies in as many months to link poor ICU staffing to hospital infections, and the *Critical Care* study was the fourth this year to link poor RN-to-patient ratios to poor outcomes for hospitalized patients.

The new research bolsters the case for increasing RN staffing in hospitals and limiting the number of patients assigned to a nurse as proposed in pending legislation, the Patient Safety

over a fifth of the 936 patients who received mechanical ventilation during the study.

The team found that when there were lower numbers of nurses, patients were more likely to catch pneumonia six days or more after being placed on a ventilator. This could be due to short-staffed nurses having less time to follow hand hygiene recommendations and proper isolation procedures or being unable to provide adequate care to the ventilated patient. The nurses' training levels had no effect on infection rates.

"This study shows that a low nurse-to-patient ratio increases the risk of late-onset VAP," said Hugonnet. "It also adds to the growing body of evidence demonstrating that adequate staffing is a key determinant and a prerequisite for adequate care and patient safety." VAP is caused by bacteria entering the lungs as a consequence of the ventilator tubing and is one of the most common preventable problems affecting critically ill hospital patients. It can cause a stay of

Taunton school nurses win fight to keep an RN in every school

By Barbara "Cookie" Cooke

The Taunton School Nurses won a great victory last month, as they made their case before the Taunton School Committee to prevent a planned layoff of two nurses—a move that would have left some schools in the system without full-time nursing coverage. What follows is a brief summary of how the nurses organized internally to prevent the layoffs and, as result, protected the health of the city's children.

End-of-school surprises

There are currently 18 school nurses represented by the MNA who serve 16 public schools and four parochial schools in the city of Taunton. The nurses take care of a total population of more than 9,700 students.

At the end of the 2007 school year, two Taunton school nurses were informed that their positions were going to be cut. Julie Donabedian, a school nurse and co-chair of the nurses' bargaining unit, stated, "This was appalling and we were not going to just let it happen."

With the support of data that clearly showed

the workload of the school nurses was on the rise, the nurses decided to bring their case directly to the Taunton School Committee to prevent the layoffs.

"In the wake of the growth in demand for school health services for our children in Taunton, and with an understanding of the potential consequences of the failure to maintain the established standard of at least one nurse for every school, nothing less than the status quo for school nurse staffing was acceptable," said Donabedian. "We were determined to fight the proposed cuts."

"These cuts would leave schools in the system without full-time nursing coverage," Karen Tremblay, an elementary school nurse, told the school committee during her presentation. "What would happen if, while one of our nurses was off attending to students at one school, a student at another school was hit in the head with a baseball? Or a student with a cardiac condition developed a problem? That nurse couldn't be in two places at once—a point that is particularly important given that six minutes without heart function can cause death. A ten minute drive

from one school to another could mean the difference between life and death."

Winning the fight

After compelling presentations from Tremblay and Donabedian, the school committee not only voted to reject the plan for a layoff, but voted to add a school nurse to ensure that there is indeed a nurse in every public school in Taunton.

"It was like a perfect storm," said Tremblay, "Everything seemed to line up and work to our benefit."

"The support from my fellow nurses, parents and the staff at MNA to speak out was really unbelievable," Donabedian added. "I was very stressed and anxious about speaking at a school committee meeting, but the MNA staff was extremely supportive and helped to ease my fears. They helped us to put together a great presentation and created statistical graphs that clearly showed how the layoffs would impact our patients, the kids of Taunton. The school committee got it and we ended up with the rehiring of the laid-off nurses and a full time nurse for each school. Thanks to the MNA, everyone won." ■

Unit 7 in Central Massachusetts holds legislative briefing

Staffing issues, working conditions and the ability to provide safe, quality care on the agenda

MNA members of Unit 7 representing Worcester State Hospital and Westborough State Hospital invited Central Massachusetts legislators to attend a legislative briefing on July 13. The meeting was held at the MNA Region 2 headquarters in Worcester to discuss with legislators the impact the state budget has on staffing issues, working conditions and the ability to provide safe care to the vulnerable populations at those facilities.

Michael D'Intinosanto, RN and president of MNA Unit 7, presented the results of a March 2007 Unit 7 membership survey that detailed the staffing crisis, the all too common use of mandatory overtime at DMH facilities state-wide, and the impact poor staff morale has on the recruitment and retention of staff at state facilities.

Also presented was hospital-specific data detailing the RN vacancies at Worcester and Westborough State Hospitals and the use of mandatory overtime at those facilities.

At the meeting Carol Kleindienst, RN, Patricia Harmat, RN, and Jeffrey Harmat, RN, represented nurses at Worcester State Hospital and Mary Colby, RN, and Vaughn Garabedian, RN, represented nurses at Westborough State Hospital. All nurses were experts in the areas where they work and they each shared their concerns about staffing, workplace violence, morale and recruitment/retention. They also stressed that there was an undeniable need for increased funding so that related improvements could be made.

Legislators who attended the briefing or who were represented by aides were Sens. Harriette Chandler (D-Worcester), Stephen Brewer (D-Barre) and Pam Resor (D-Acton) and Reps.

Robert Spellane (D-Worcester), James O'Day (D-West Boylston), John Fresolo (D-Worcester), Anne Gobi (D-Spencer) and Geraldo Alicea (D-Charlton). ■



Making a case for increased funding: From left, Mike D'Intinosanto, RN and MNA Unit 7 president; Sen. Stephen Brewer; Mandy Johnson, legislative aide to Rep. Geraldo Alicea; Stuart Loosemore, legislative aide to Rep. Anne Gobi.

Rapid Response Teams:

Passing fancy or future standard?

By **Dorothy McCabe, RN, MS, M.Ed.**
*Director, MNA Divisions of Nursing
and Health and Safety*

According to the Robert Wood Johnson Foundation, “A Rapid Response Team [RRT] is a group of experienced clinicians, that nurses and other hospital employees—and, in some cases, patients and their family members—can call on to intervene if a patient’s condition is deteriorating.”

When searching the term “Rapid Response Team” online in preparation for this article, 83 Web pages worth of information came up as hits. While RRTs are not included in the Standards of the 2007 JCAHO Manual of Comprehensive Accreditation, JCAHO has sponsored conferences entitled “Using Rapid Response Teams to Save Lives” throughout the country in both 2006 and 2007. The fee for the program is \$395 and the faculty consists of a nurse and a respiratory consultant, employed by JCAHO, and a nurse faculty member.

This concept of faculty makeup leads us to some very serious questions:

- Why aren’t the direct care staffs from facilities who have implemented Rapid Response Teams presenting the programs?
- Surely there are a few experts in the 1,600 hospitals who have implemented RRTs?
- Are RRTs really working?

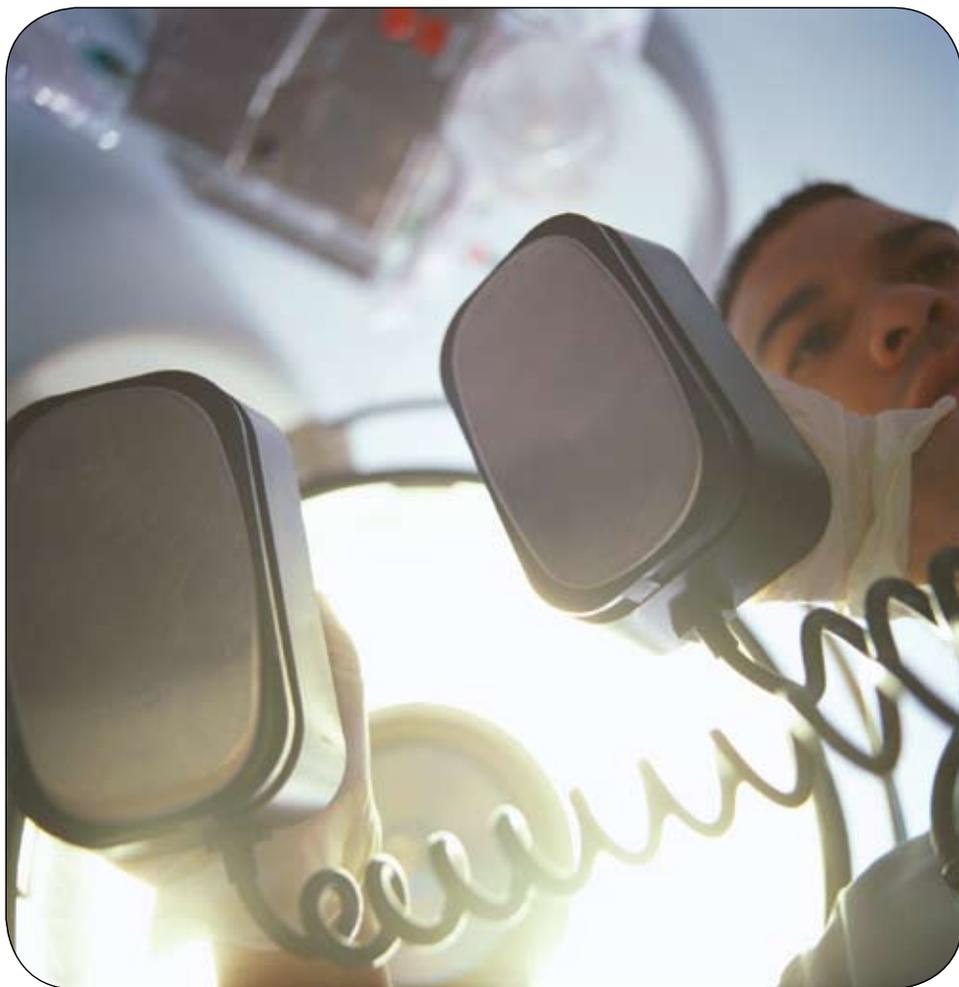
Rapid Response Teams: a brief history

More than 1,600 facilities across the United States now have rapid response programs in place, which, according to a recent article in *The Patriot Ledger*, is up from about 100 programs a year ago.

A *Boston Globe* article from Nov. 27, 2005 (“Hospitals try to break a Deadly Code”) discussed the efforts of several Massachusetts hospitals to establish RRTs. Apparently, the rationale for hospitals to establish these teams is that there are inexperienced nurses who are unable to recognize the subtle changes in a patient that could represent a life threatening event.

Inexperienced RNs working without the guidance of experienced RNs

According to the “Patients First Program” developed by the Massachusetts Hospital Association and the Massachusetts Organization of Nurse Executives, every hospital develops a staffing plan to ensure that patients in their hospitals receive appropriate care. There is no mention that staffing plans



should include a mix of experienced and inexperienced nurses working together.

One of the reasons Rapid Response Teams are viewed as necessary is that staffing plans frequently place inexperienced nurses on the evening and night rotations without expert nurses to guide them when staffing numbers are reduced throughout the hospital.

If this is a fact, why are the nurse executives allowing this to happen in their divisions of nursing? Why aren’t there criteria for staffing based on experience?

All is not well in the land of Rapid Response Teams

Recently a large hospital in Massachusetts decided to move slower in its implementation of a rapid response program. Cited as the reason

why was the cost of hiring additional nurses and doctors to serve on the teams and the lack of researched evidence that supported implementing the team.

Other hospitals across the nation have also refrained from establishing these teams due to lack of evidence from randomized controlled trials—which are the gold standard of evidence in research backing evidenced-based practice.

Meanwhile other hospitals have gone full steam ahead, utilizing staff assigned to patients in the ICU, ER or other areas leaving those areas poorly staffed when the team is called into action.

A hospital in Boston has designated its ICU staff as part of its hospital’s Rapid Response Team. The ICU staff member assigned to the RRT is expected to carry a beeper to respond to urgent situations that occur in the hospital. This creates

unsafe patient care for both the nurse and the ICU patients since the nurse must leave assigned patients to cover the RRT call.

A hospital in Hawaii recently received a million dollar grant to create a rapid response program aimed at increasing patient safety. The grant will be administered over five years. How many additional nurses could this hospital hire to improve patient ratios and to provide training in specific cardiopulmonary intervention procedures?

In Australia, where “Rapid Response Teams” were pioneered, a study was done which compared hospitals *with* RRTs to hospitals *without* RRTs. The results were similar, perhaps because both groups knew they were being studied.

So what does this mean?

An article by Joshua L. Jacobs, MD, entitled “Automated Clinical Inference and Rapid Response Teams Improve Patient Safety” in the November-December publication *Patient Safety and Quality Healthcare* referred to several studies that found that 76 percent of patients with cardiac arrest or unplanned ICU admissions displayed signs of instability more than one hour prior to the critical event (mean 6.5 hours). The article goes on to state that, “In one third of these events, the signs had been present for more than 24 hours.”

This raises several questions of real concern:

- Why are we spending money for consultants and others to put together another system that doesn’t work?
- Why are we spending time and energy to develop a “Patients First” program that includes clinicians other than nurses simply to deny the fact that safe nurse-to-patient ratios are essential?
- Why are we spending millions of dollars on developing RRTs to augment unsafe staffing ratios?

The real answer

The real answer to reducing mortality lies in Linda Aiken’s research and her conclusion about nurse staffing: One nurse to four patients constitutes a safe ratio on general med/surg floors.

A nurse executive connected to a large for profit system, in a presentation entitled “Rapid Response Teams: Nursing Implications,” questions the effect of an RRT on the direct care nurse in terms of the nurse’s self concept as an inadequate care giver or capable crisis manager.

This executive also believes that an RRT should take the role of teacher both during and after the event in order to best help the inexperienced nurse and eliminate the need for a system that is costly and unfamiliar with the patient’s condition. He further concludes that many RRTs are formed with little understanding of the role, its implementation or established clinical protocols.

A recent editorial in the *American Journal of Nursing*, written by Diana Mason, PhD, questions

Rapid Response Teams: No substitute for safe staffing plans

Inherent in the plan proposed by the Massachusetts Hospital Association and Massachusetts Organization of Nurse Executives, the “Patients First” Web site (www.patientsfirstma.org) states that staffing is predicated on hours worked per patient day. These plans can include spiritual services, patient transports, clinical pharmacists, social services, physical therapy, etc.

But in reviewing the “Patients First” site, it is evident that many hospitals *do not* plan their staffing patterns to correlate with the research of Linda Aiken, Ph.D., RN, et al in her groundbreaking 2002 article, “Hospital Nurse Staffing and Patient Mortality, Nurse Burnout and Job Dissatisfaction.”

This article reviewed the association between the nurse-to-patient ratio and patient mortality, failure to rescue (deaths following complications) among surgical patients and factors related to nurse retention. Among her conclusions, in a sample of 168 Pennsylvania hospitals—in which the mean nurse-to-patient ratio ranged from 4:1 to 8:1—4,535 of the 232,342 surgical patients with defined medical history co-morbidities died within 30 days of being admitted.

Her results implied that had patient-to-nurse ratios across these Pennsylvania hospitals been 4:1, “possibly 4,000 of these patients may have died while more than 5,000 of them may have died with a nurse-to-patient ratio of 8:1.” This study concludes that high nurse-to-patient ratios lead to job-related burnout and dissatisfaction compared with nurses in hospitals with the lowest nurse-to-patient ratios. The study also found that burnout and dissatisfaction can predict a nurse’s “intention to leave their current job within one year,” which can correlate to the lack of experienced nurses in hospitals.

Elaborate, unproven plans

Why would a hospital implement programs like “Patients First” or “Rapid Response”—complete with campaigns and elaborate Web sites—when the evidence for staffing ratios has been researched and proven?

- Is it the cost?
- Is it power?
- Is it because administrators perceive nurses as a threat?

The Institute of Healthcare Improvement, as part of its “100,000 Lives Campaign” (now “5 Million Lives Campaign”), has a getting started “Rapid Response” kit for hospitals—complete with a primer on self analysis, statistics, structure, training and protocols. The Robert Wood Johnson Foundation awarded grants to nine hospitals to increase adoption of Rapid Response Teams in conjunction with the efforts of other groups involved with patient safety.

But the question remains: Why are we developing unproven systems when we *know* the answer is staffing ratios?

the development of new initiatives for patient safety when the solution is more nurses at the bedside. She cites an editorial in the September-October 2006 issue that stated “certain initiatives, such as electronic medical records, rapid response teams and executive walking rounds, are being promoted as patient-safety strategies without evidence to support either their usefulness or their cost effectiveness. The same cannot be said about the effects of nurse staffing on patient outcomes.”

Think about it, examine the RRT in your hospital and evaluate its processes.

Share your RRT story

If your hospital has a Rapid Response Team in place and you are interested in sharing information about its implementation, please contact David Schildmeier at 781-830-5717 or via e-mail at dschildmeier@mnarn.org. ■

“Certain initiatives such as ... rapid response teams ... are being promoted as patient-safety strategies without evidence to support either their usefulness or their cost effectiveness. The same cannot be said about the effects of nurse staffing on patient outcomes.”

— Diana Mason
Editor-in-chief,
American Journal of Nursing



Welcome to the world of nursing! Gjia Vicente-Silva (left) and Sandrina Ciaramella let the world know what program they graduated from during their recent spring commencement ceremony. Vicente-Silva and Ciaramella were two of five scholars from the 2007 One Family Scholars class who graduated with degrees in nursing. To learn how you can help a scholar who is working to become an RN, call Dorothy McCabe at 781-830-5714.

MNA teams with One Family to help end family homelessness

Will offer mentoring, career services to those interested in nursing

The Massachusetts Nurses Association, with approval from its Board of Directors, has established an important philanthropic relationship with one of the commonwealth's most well-recognized non-profit programs: One Family Scholars (OFS).

The One Family Scholars program and its parent organization, One Family, Inc., is a not-for-profit program devoted to ending family homelessness in Massachusetts. Created by Paul and Phyllis Fireman and family, One Family Scholars provides financial support for higher education to low-income and formerly homeless mothers.

The program is interwoven into a system of support services that mothers need in order to clear the barriers that often prevent them from preparing for, and achieving, financial security. Its mission is based on the premise that education—linked with essential support services and mentoring—is the most reliable and direct route to economic independence and self-esteem.

“By becoming involved with OFS, the MNA and any one of its 23,000 members will have the opportunity to help a scholar who is pursuing a career in nursing,” said Beth Piknick, RN and president of the MNA. “Our RNs are perfectly matched to help any Scholar through the process of earning a degree in nursing and turning that degree in to a nursing career. From offering advice, insight and expertise to providing mentoring services

and access to our own professional networks, the MNA's nurses are ready to help."

"With so many of our scholars pursuing nursing as a profession, the support of the MNA and the mentor relationships that have been created with your organization are invaluable in ensuring that these deserving, hard-working women get the best education possible and have the best possible start in their careers," said Toni Wiley, executive director of One Family, Inc.

More about the program

Recipients of One Family Scholarships are typically homeless or formerly homeless women with children. Many have attempted to better their career opportunities in the past, but have been thwarted by the need to provide health care, day care or other essential services to family members—which then overwhelms their finances and ambition.

Scholar selection is based on

- Financial need
- Clear and realistic academic and career goals
- Strong potential for success in their chosen academic program
- Desire to actively participate in all aspects of the program

One Family seeks to empower these mothers with the tools they need to provide for their families while completing their education and planning for a secure and safe future. Scholars may pursue their associates or bachelors degrees.

"One of the components the OFS program that the MNA was particularly drawn to is its belief that by fostering unity among the scholars themselves, and linking them to a family and community network of support, the program embraces each scholar as a member of a



larger family, dedicated to her success," added Pkinnick. "The MNA uses the same philosophy in its work—that there is power and support in a network, be it a bargaining unit or a group of women dedicated to rebuilding their lives."

What the OFS program provides

Financial support: Once accepted into the program, scholars are eligible for a grant of up to \$11,000 a year, based on the scholar's individual need. OFS coordinators help scholars manage daily obstacles, foster peer connections, find tutors and other resources needed to ensure scholars' success, and help each scholar to develop a budget and a career plan to achieve success.

The crisis in our own backyard: Facts about poverty & homelessness

Nationwide

- Nationwide, about 3.5 million people, 1.35 million of them children, are likely to experience homelessness in a given year.¹
- 37 million Americans live in poverty.²
- The primary reason for homelessness is economic; housing costs often exceed income.³
- Family homelessness in America is higher than any industrialized nation in the world, the country also has no single community where a minimum wage worker can afford a market-rate, two-bedroom apartment.³
- Families with children are among the fastest-growing segment of the homeless population.⁴
- Homeless families relocate 16 times more often than the typical American family.⁵
- Homeless children suffer from a four times higher rate of asthma, a seven times higher rate of anemia and a three times higher rate of emotional and behavioral problems compared to other children.⁶
- Within a year, 41 percent of homeless children will attend two different schools and 28 percent will attend three different schools. Homeless children are also twice as likely to repeat a grade.⁶

In Massachusetts

- Massachusetts has surpassed California as having the most expensive housing in the country.¹
- In Fiscal Year 2006, the Department of Transitional Assistance served over 3,500 families in the state shelter system.³
- Workers must earn an hourly wage of \$21.88 to afford a two-bedroom apartment.⁴
- To live unsubsidized in Boston, a person with two children needs an annual income of almost \$53,000 to attain a basic standard of living. The average income of a person coming off welfare is \$17,000.⁸
- A worker earning minimum wage (\$6.75) would have to work 152 hours a week to afford a two-bedroom apartment in Boston.⁴

¹National Law Center on Homelessness, 2004; ²U.S. Census Bureau, 2002; ³One Family Inc., 2004; ⁴National Low-Income Housing Coalition, 2005; ⁵The Institute for Children and Poverty, 2006; ⁶National Center on Family Homelessness, 2000; ⁷The Boston Foundation and the Citizen's Housing and Planning Association; ⁸The Self-Sufficiency Standard for MA, MassFESS, 2003.

Mentoring program: Each scholar is matched with a woman experienced in the scholar's field of study. The mentor meets with the scholar regularly, providing encouragement, academic and career advice, and information on networking opportunities.

Site coordinators: At each of the three OFS sites coordinators help scholars manage daily obstacles, foster peer connections, find tutors and locate resources needed to ensure scholars' success. Coordinators also help each scholar develop a budget and a career plan to achieve success.

Leadership development: Central to the success of OFS is the leadership development program. Each academic year is launched with a weekend-long leadership retreat. Retreat workshops are designed to help scholars understand leadership in general, explore their own leadership capabilities, develop additional skills, and to create a plan for action. The work of One Family provides a ready forum for scholars' leadership development as they become ambassadors for the program itself and for the program's mission to end family homelessness.

In addition to the intensive weekend-long conference, the program provides at least two additional one-day leadership sessions throughout the year, where scholars reassess their skills and their plans. Half-day workshops are inter-

persed throughout the year, and they are designed to address the skill-building needs identified by the scholars themselves in the longer sessions. We strive to provide a range of skill-building workshops to meet each scholar's needs for training, from time and stress management work, to advanced public speaking training. The program offers a wide spectrum of training and leadership opportunities to address the diverse levels of experience of the participants.

Pomp and circumstance

"When One Family Scholars reach graduation, they are part of a network of professional women, with the academic credentials, self-confidence, experience, and leadership skills to be successful professionals and effective citizens of the world," said Wiley. "The scholars are then embraced by the OFS as fellows, and they become part of a growing network of OFS Ambassadors, providing outreach and support to future scholars. We are honored that the MNA will be part of this process and we know that it will make a difference in the lives of our scholars."

To learn more about One Family Scholars, visit www.onefamilyinc.org. Nurses and MNA members who are interested in mentoring program scholars should contact the MNA's nursing department at 781-830-5714. ■

Salem Hospital RNs approve new contract

Patient and staff safety paramount in agreement

The North Shore Medical Center Hospital (Salem Hospital) registered nurses, represented by the Massachusetts Nurses Association, have approved a new contract that will protect the safety of patients and staff. Under the three-year agreement, which was recently approved by the 600-member bargaining unit, the hospital has agreed to institute a float pool of nurses that will be available to cover when the acuity increases on units or for units with a higher than normal level of nurse illness.

"The float pool will allow the hospital to move the experienced float pool nurses to units where they are most needed," said Fran O'Connell, RN and co-chair of the bargaining unit. "Hopefully this will allow the patient-to-staff ratio to stay at a safe level, even when a crisis hits."

Another key item in the settlement is new contract language that helps to guarantee the safety of the registered nurses on the campus. While the nurses and management have had many conversations about safety and the protection of nurses, for the first time there is now language in the contract that will allow grievances to be filed over safety issues.

According to Joanne Raby, RN and co-chair of the bargaining unit, having contract language

was the next logical step. "We have had a history of beneficial discussions and we feel management is committed to protecting the safety of nurses," said Raby, "but we feel it is of utmost importance that nurse safety issues become an enforceable part of the contract."

The three-year contract will also bring a wage increase of about 14 percent, making the RNs the highest paid nurses on the North Shore. The RNs are especially proud of this wage scale because it will allow the hospital to retain and recruit the most qualified and experienced nurses in the area, thereby protecting the high quality of care at Salem Hospital.

The nurses were also able to protect their retirement and health care benefits by adding and protecting language that calls for negotiations over any changes in either benefit.

In the end, the nurses saw some very positive outcomes from the seventeen negotiating sessions that were held over the last six months. "It was a long and tough process but, in the end, we felt we were able to protect the interests of our members and the patients," said O'Connell. "This contract will allow us to continue to deliver quality health care on the North Shore." ■

Bargaining unit updates

Mercy Medical Center

The nurses are gathering and developing their proposals in preparation for negotiations that will begin this fall. Several arbitrations have been filed after numerous instances of disciplinary actions, including terminations.

Providence Behavioral Health

The new contracts are ready to be printed and will be distribution to members in the fall.

Wachusett Regional School Nurses

The Wachusett Regional School District nurses attended a July 23 school committee meeting where they used the meeting's "open forum" to remind the committee members of the essential services they provide to the region's children. The nurses attended the meeting despite the committee's efforts to ban them from speaking during the meeting's open forum—an attempt which failed due to the nurses' diligence in protecting their union rights and civil liberties.

The presentation to the school committee came after only three sit-down contract meetings with management and, specifically, after the region's superintendent presented a proposal that include a \$12,000 pay cut. The nurses are already paid, on average, 42 percent less than their fellow nurses from neighboring communities. ■



Saturday, Oct. 20

8 a.m. – 2:45 p.m.

Westborough Doubletree Hotel



◆ Morning Programs

- Your Collective Bargaining Rights Under Section 150E
- Building Your Political Voice
- Contract Campaigns

◆ Afternoon Program

- Internet Crimes Against Our Youth*

Continental breakfast and lunch provided

*Contact hours will be provided for this session only.

To register or for more information call Dolores Neves at 781-830-5722

Contact Hours: Continuing education contact hours are provided by the MNA, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. To successfully complete a program and receive contact hours, you must:

- 1) Sign in
- 2) Be present for the entire time period of the session &
- 3) Complete and submit the evaluation



MASSACHUSETTS NURSES ASSOCIATION

Nurses in North Adams picket over concession demands

RNs vow to protect retirement and health benefits

Nurses and their supporters from the community picketed North Adams Regional Hospital (NARH) on July 19 over the slow progress of negotiations and management's continued insistence that the RNs should grant major concessions in their retirement and health care benefits.

The RNs, who are members of the MNA bargaining unit at the hospital, have taken the position that they have no desire to give back the gains they have fought for over the past 25 years. The nurses are asking for a fair contract that will allow the hospital to recruit and retain experienced nurses.

"We live in this community; we treat patients who are our friends and neighbors," said Mary McConnell RN, co-chair at NAARH. "We know that it is of utmost importance to gain an equitable contract so we can continue to deliver quality care to our friends and neighbors."

At the table hospital management continues to complain about its dire finances. However, McConnell points to the fact that the hospital is not taking the same position with the public.

"In the local newspaper we read that their bonding situation is improving," she explained. "We see they have the resources to fund new, high-level administrative positions and they are spending millions on new software. At the same time they do not want to spend their resources to fund the benefits in the contract that would allow us to retain and recruit the quality nurses the community has become accustomed to."

The hospital's opening proposal sought to end the nurses' defined benefit pension plan while providing a small increase in the defined contribution. They have made small adjustments in their proposal, but the most recent alternatives do not come close to matching the present plan.

The hospital recently proposed withdrawing its proposal on health insurance but only if the nurses accepted management's pension proposal. It was seeking to remove the phrase "equivalent or better" from the health insurance section. By maintaining this language the nurses will continue to receive the same benefits if management makes any changes in health insurance. Without this phrase management could have unilaterally made changes to decrease the nurses' health benefits.

In a move that could have a very negative affect on patient care, management is also seeking to double the amount of time RNs can be held over on mandatory overtime. While national studies have shown that patient safety suffers the longer a nurse works, management wants to expand mandatory overtime from two to four hours.

"We have been at the table now for over seven months," said McConnell. "It is time for the hospital to put its resources into a fair and equitable contract for those who are delivering excellent care to the people of northern Berkshire County." ■



NARH RNs, from left, Diana Bator, Mary Marlowe and Linda Freeneey on the picket line.



Joshua Weslowski, son of RN Rebecca Weslowski.

Reflections on Labor Day

By Joe Twarog

Labor Day was first celebrated as a holiday in 1882 by the Knights of Labor with a parade in New York City. It was designed with the intent of celebrating trade and labor organizations for the workers and their families, as well as celebrating the value and dignity of all work. Congress approved it as a federal holiday in 1894. Today, it marks the traditional end of summer vacations and the beginning of the school year. It is generally observed with labor breakfasts, parades, picnics and relaxation.



Joe Twarog

Here are some labor-related thoughts to consider as we move from summer to fall and reflect on the season's recent conclusion.

“What Does Labor Want? We want more school houses and less jails, more books and less guns, more learning and less vice, more leisure and less greed, more justice and less revenge ... We want more opportunities to cultivate our better nature.”

▶ *Samuel Gompers*

First president, American Federation of Labor

“The essence of trade unionism is social uplift. The labor movement has been the haven for the dispossessed, the despised, the neglected, the downtrodden, the poor.”

▶ *A. Philip Randolph*

Labor Leader

“Only a fool would try to deprive working men women of their right to join the union of their choice.”

▶ *Dwight D. Eisenhower*

U.S. President, 1953-61

“Every advance in this half-century—Social Security, civil rights, Medicare, aid to education, one after another—came with the support and leadership of American Labor.”

▶ *Jimmy Carter*

U.S. President, 1977-81

“When fewer workers have unions, the standard of living falls for everyone and the gap between the rich and poor grows.”

▶ *John Sweeney*

President, AFL-CIO

“Labor unions are the leading force for democratization and progress.”

▶ *Noam Chomsky*

Linguist & political activist

“The next generation will not charge us for what we've done; they will charge and condemn us for what we have left undone.”

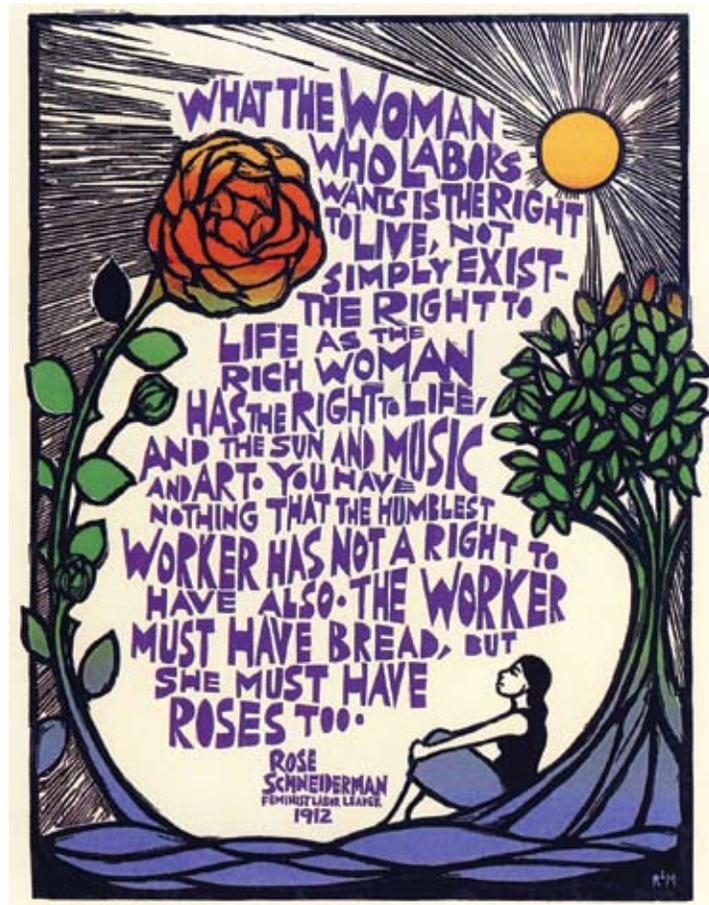
▶ *Mother Jones*

Labor and community organizer

“If hard work were such a wonderful thing, surely the rich would have kept it all to themselves.”

▶ *Lane Kirkland*

President, AFL-CIO, 1979-95



Berkshire Medical Center nurses picket hospital



Two Berkshire Medical Center nurses walk the line during their picket on Aug. 13.

The registered nurses at the Berkshire Medical Center (BMC) held a powerful and well-attended picket in front of the Pittsfield-based hospital on Aug. 13.

The nurses, who are part of the 550-member MNA bargaining unit at the hospital, took to the sidewalks in front of the hospital with a clear message, "We are protecting quality health care in Western Massachusetts."

According to unit chair, Alexandra Neary, RN, management left them little choice. "We are faced with a very serious situation here. If we don't get the financial improvements we are looking for it will be increasingly difficult for the hospital to retain and recruit experienced nurses," she explained. "It is especially frustrating to us that while the hospital has shown a profit of over \$30 million in the past 15 months they continue to tell us they can't afford to put forward a decent financial package. We know they have the resources and it is our hope that BMC will funnel some of their profits into the retention and recruitment of RNs in order to continue to provide and maintain quality care to patients and their families within our community."

The nurses have been in contract negotiations

since April. One of the nurses' primary goals has been to gain increases in their retirement benefits that will allow the nurses to retire with dignity. They are proposing that the hospital set up a retiree health insurance benefit that would bridge the coverage gap for nurses who retire at age 62 but who do not qualify for Medicare until age 65. In addition the RNs want to expand the hospital's contribution to the defined contribution plan.

"Many of us have spent our entire professional careers caring for the patients of Pittsfield and western Massachusetts," said Neary. "It seems inconceivable to us that these dedicated nurses would not be able to retire because of the lack of health insurance coverage."

According to vice chair Gerri Jakacky, RN, another important issue to the nurses is that the hospital is seeking to divide the RNs through contract language. "They want the right to change a RN's schedule by two hours, either earlier or later, without access to Reduction in Force rights for RNs," Jakacky explained. "Management seems to think we have no other lives or responsibilities."

Management also wants to remove nurse practitioners from the bargaining unit. "Many

of these dedicated nurses have been in the unit since the union started and so far management has offered no good reason for their removal," said Jakacky.

"The bottom line here is that we are committed to protecting the high quality of care at BMC. Our patients and our community have become accustomed to this and we will do everything in our power to guarantee this quality of care," said Neary. "The people of western Massachusetts deserve nothing less." ■



OSHA finds workplace hazards at Brockton Hospital

Hospital asked to take immediate steps to improve conditions, protect workforce

In response to a complaint filed by the MNA on behalf of the registered nurses at Brockton Hospital, federal investigators issued a report in July of “significant findings” regarding workplace hazards that are contributing to a number of assaults against and injuries to nurses due to unchecked workplace violence.

The Occupational Safety and Health Administration (OSHA) found that “during the previous six months, employees are suffering physical assaults from patients which can lead to serious injuries. The types of physical assaults include, but are not limited to, punching, kicking, biting, scratching and pulling hair. Resulting injuries include, but are not limited to, bruising/contusions, cuts, hematomas, strains and sprains. The majority of the cases involved patient care givers who were assaulted while assisting and/or caring for patients in the emergency department and psychiatric unit.” Those details were highlighted in a July 13 letter sent to Kimberly Walsh, vice president at Brockton Hospital.

The letter said the problems were not violations of OSHA standards because, at this time, there are no specific OSHA standards related to workplace violence. However, the hazards are “considered serious enough to be brought to [the hospital’s] attention.” The letter calls upon the hospital to implement a number of initiatives to address the problem and to submit monthly reports to OSHA detailing the progress.

Specifically, the report calls for the creation of a workplace violence committee, including managers and frontline nurses, to review and analyze the problem and to develop a detailed plan and policies to address the crisis. It requires an analysis and implementation of changes to the physical plant, including metal detectors and barriers in certain areas to better protect staff. It also calls for hospital-wide training and education on the issue to help staff understand the risks and how to prevent violence, and it requires comprehensive and ongoing tracking of incidents so that steps can be taken to improve the program.

“On one level, this report serves as a vindication of a serious and growing problem faced by nurses and other workers at this hospital due to management’s failure to put in place policies and procedures to keep their workforce safe,” said Kathy Metzger, chair of the nurses bargaining unit and a leader in the effort to improve conditions contributing to an epidemic of violence at the hospital. “We only hope that our administration will take these recommendations seriously and finally act in the best interests of their employees.”

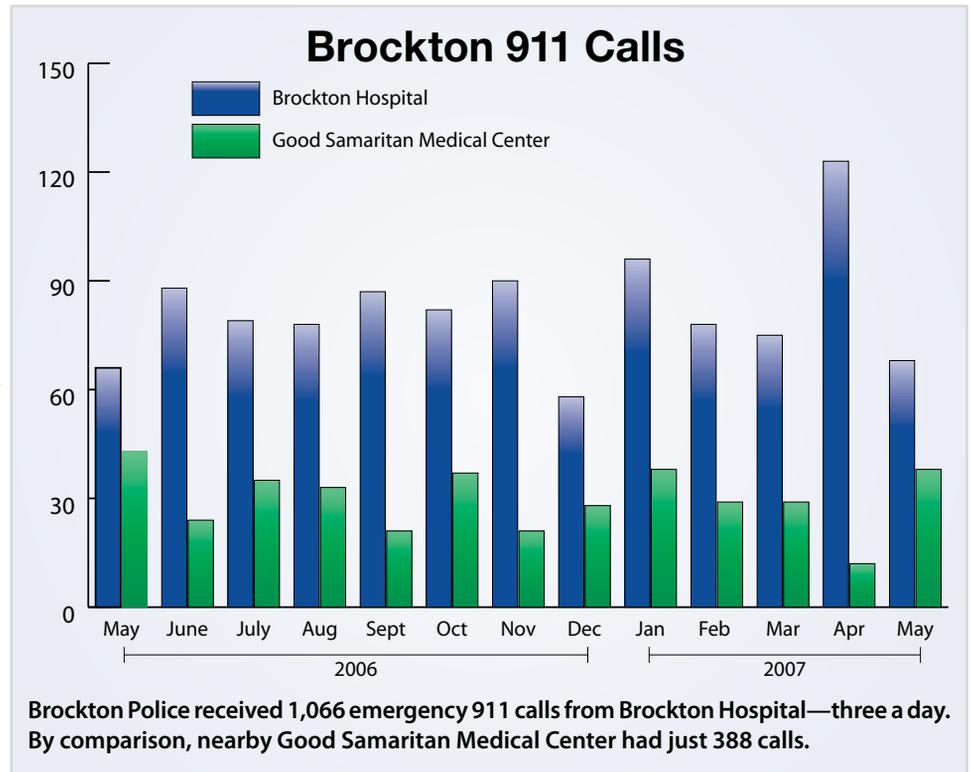
According to nationwide statistics, nurses are assaulted on the job as often as police officers and prison guards. OSHA has identified workplace violence for health care workers as a major problem and has encouraged hospitals to take steps to prevent workplace violence, as well as to provide proper treatment to employees who are victims of violence.

Brockton Hospital has done neither, creating an unsafe work environment where violence is a regular occurrence and where nurses who are victims of violence are not provided with appropriate support. Brockton Hospital has the worst record—both in the number of assaults and in the administration’s efforts to respond to and address the problem—on workplace violence of any of the 51 hospitals where the MNA represents nurses.

In the last year alone, there have been 1,066 calls to 911 made from Brockton Hospital for police support. In comparison, nearby Good Samaritan Medical Center had only 388 calls to 911. In the last year, at least eight nurses have suffered vicious assaults from patients. One nurse was punched in the face by a patient; another was dragged by her hair by a patient;

another was threatened by a patient with a knife, while one nurse had a urinal thrown at her. There have been fights in the emergency department among patients themselves, where in once instance a chair was thrown through a window.

“There is no excuse for such chronic violence, especially when administrative policies are a contributing factor,” Metzger explained. “After the



strike in 2001, management made the decision to eliminate a standard police detail to cover the night shift. In addition, hospital security services were cutback and security procedures were put in place that prevented security staff from making physical contact with patients. In essence, there is no security for nurses, patients and staff at Brockton Hospital.”

Legislation requiring workplace violence prevention

Last fall the nurses at Brockton Hospital attempted to negotiate union contract language that would have obligated the hospital to take many of the same steps that the OSHA letter has required of the administration.

The problem with the approach provided by OSHA is that the requirements and participation by the hospital in meeting the OSHA standards are voluntary. “We simply don’t trust this management team to do the right thing when it comes to protecting employees or patients,” Metzger said.

In addition to pursuing remedies to this problem at the union negotiating table and through OSHA, nurses at Brockton Hospital are also active—with nurses throughout the state—in fighting for passage of legislation (S.1345) that will require all health care providers to have a plan in place to prevent workplace violence. Metzger was one of several nurses who testified on the issue at a public hearing on the bill held at the State House in June. Many of the steps required under the proposed law mirror those outlined in the OSHA letter to Brockton Hospital.

“Brockton Hospital is the poster child for why there needs to be a state law to enforce protections against workplace violence,” Metzger stated. “It shouldn’t take months of union negotiations and a potential strike, or a federal investigation, to force a hospital to do what it should have done as a matter of common sense and common decency. Since hospitals like Brockton Hospital won’t do this on their own, we need a law to make them do it.” ■

MNA and UMass Lowell host East Coast's first workplace hazards conference for nurses

By Evie Bain

Close to 150 nurses and health care workers attended the east coast's first "Workplace Hazards Conference for Nurses and Healthcare Workers" in Marlboro on June 7 and 8.

The conference, which was co-provided by the MNA and UMass Lowell, provided attendees with an opportunity to learn about the findings of UMass' NIOSH-funded research project—Providing Healthy and Safe Employment (PHASE) in Healthcare—and to meet with both non-profit and for-profit exhibitors that specialized in new products and services related to safe work environments.

Conference speakers included both local and national researchers and experts, and the focus of presentations focused on hazard prevention. The specific health care industry workplace hazards that were addressed included needlestick injuries, home care injuries, latex allergies, occupational asthma, pandemic flu, infectious diseases, hazardous drugs and workplace violence.

A sampling of post-event comments from conference attendees supported the event's value. "A lot of great information to take back to my co-workers," wrote one participant. "I would attend this event again," wrote another, "so that I could go to the other sessions I wasn't able to get to this week." Other comments included "very informational" and "the conference was a proactive approach to changing culture for all health care workers."

This educational event was designed to provide



Evie Bain

participants with the most time possible for interactive learning in breakout-session formats. As part of these sessions attendees had a one-on-one opportunity to ask questions, share experiences, learn about local resources and get specific recommendations on how to improve safety in

their work environments.

MNA members from the Congress on Health and Safety and the Workplace Violence and Abuse Prevention Task Force had spent the greater part of their time since January 2007 preparing for this event. Prior to the conference, educators from the Labor Extension Program at UMass Lowell developed a specific training module to prepare these congress and task force members as facilitators, recorders and timekeepers for the conference's breakout sessions. These same members were also responsible for developing key questions and for utilizing them in sessions as a way of providing feedback to all conference participants on the proceedings and recommendations from each group.

MNA members who participated in planning and facilitating the program included: Liz O'Connor and Mary Anne Dillon from Brigham and Women's Hospital; Terri Arthur from Jordan

Hospital; Mary Bellistri from Boston Medical Center; Sandy LeBlanc from Newton Wellesley Hospital; Gail Lenehan from Massachusetts General Hospital; Kate Opanasets from Faulkner Hospital; Kathy Sperrazza from UMass Lowell; Judy Rose from Cape Cod VNA; Kathleen McDonald and Janice Homer from New England Medical Center; Rosemary O'Brien, retired from the state's DMR sector; and Noreen Hogan, a clinical specialist with a private practice.



Noreen Hogan, task force member, addresses the panel.

Thanks to Margaret Quinn, ScD, and Craig Slatin, ScD, both professors in the School of Health and Environment at UMass Lowell. Their year-long collaboration with the MNA helped to make this program possible.

A document will be released later this year that highlights the recommendations that came out of the conference's various breakout sessions. It will appear in a future edition of the Massachusetts Nurse Advocate and online at massnurses.org. To review some of the conference-related presentations, visit massnurses.org or e-mail Evie Bain at EvieBain@mnarn.org ■



Conference attendees learn about unsafe working conditions and the culture of nursing from UMass Lowell professors and researchers.

Who do you want talking to your children about unions?

By Deb Rigiero, RN
MNA Labor Organizer

Have you heard or seen the commercials about kids and drugs? My favorite is the commercial where the dog talks to the young girl about smoking pot. I also like the one on the radio when the kids are stopped by the police and you can hear the bottles rolling around. The question posed by these commercials is who do you want to be the one to talk to your children about drugs? Well, my question to you is who do you want to talk to your children about unions?

Unlike drug education, there is no union education in the classrooms. If we hadn't talked to our kids about the union then my oldest son's first union lesson would have come from his first job.

In that job, during orientation, they mentioned that there was no need for a union because they were one big happy family and they didn't need a third party getting involved. It was even in the handbook they issued him.

I have actually heard people say that unions are passé. We needed them in the past, but not today. We have become complacent in our work environment. Unions have had to fight against the boss whose goal is to get the most work for the least amount of money to maximize the profits for the company.

Unions have fought for and won benefits that include:

- An eight-hour workday
- A 40-hour work week
- Paid vacations
- Pensions
- Health care



"Why should we get involved? Why should my child learn about what happened to workers a hundred years ago? If these children don't understand and appreciate the struggles of their parents, grandparents, and great-grandparents, they may be doomed to fight the same battles over again."

—Fred Kaltenstein
Labor educator

- Overtime
- Sick time
- Workplace safety
- Child labor laws
- Living wages

Unions are still struggling against corporations. Many of the benefits we enjoy under our contracts are under attack.

Take a minute to think about where you would be without your union and your contract. Who is going to tell your children about what it means to be in a union? Who is going to teach your child that an injury to one is an injury to all? Are my grandchildren going to know what it means to work an eight-hour day, get paid overtime and work in a safe environment?

Our children are the next generation of workers (unless they own a company). Allowing management to teach our children about unions is like allowing drug dealers to teach our children about drugs. So I ask you, who do you want to be the first one to talk to your children about unions? ■

Let your voice be heard – STAT!

The MNA STAT TEAM is a network of nurses and health care professionals who can be called upon to respond quickly to MNA visibility events and other urgent actions.

Being a member of this mobilization task force does not require attendance at regular meetings, but instead offers opportunities for activists to participate in events throughout the year that require a strong MNA presence. These actions may include bargaining unit pickets, legislative actions, leafleting and other visibility events.

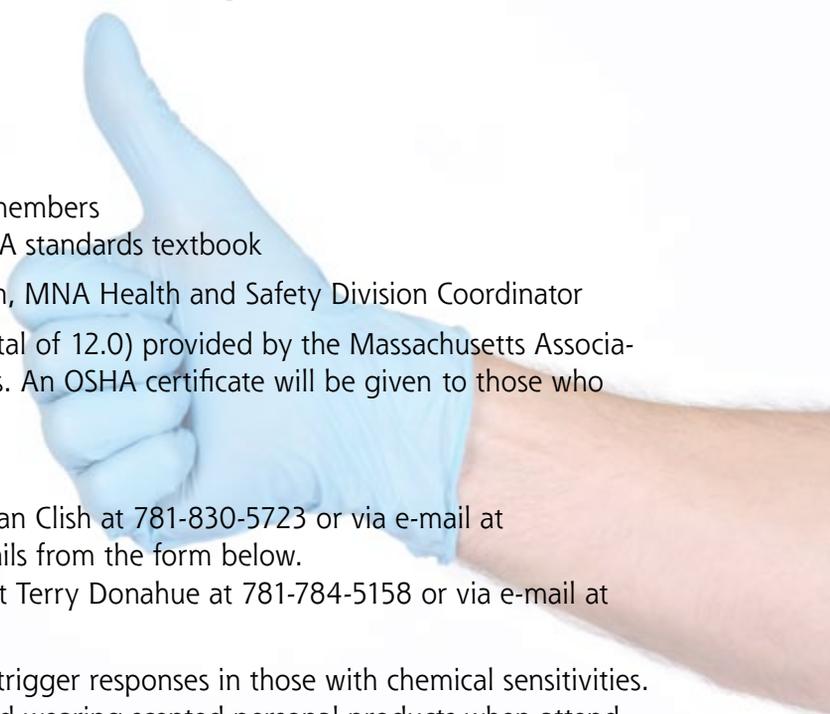
Join with other MNA activists in this exciting venture. For details, call Eileen Norton at 800-882-2056, x777 or via email at ENorton@mnarn.org.

MNASM
STAT
TEAM

Health and Safety at Work

OSHA requirements for Health and Safety in your hospital

- What:** An OSHA 10-hour general industry outreach training with a focus on the health care industry.
- Where:** Program being offered in two parts at the MNA's Region 3 Office, 60 Route 6A, Sandwich.
- When:** Part 1: Thursday, Oct. 18, 2007
Part 2: Thursday, Nov. 15, 2007
- Time:** 8:30 a.m. to 3:30 p.m.
- Cost:** No charge to MNA or MAAOHN members
Fee for all others: \$45 for the OSHA standards textbook
- Instructors:** OSHA Authorized Trainer: Evie Bain, MNA Health and Safety Division Coordinator
- Contact Hours:** 6.0 contact hours for each part (total of 12.0) provided by the Massachusetts Association of Occupational Health Nurses. An OSHA certificate will be given to those who attend parts 1 and 2.
- Other Details:** Lunch will be provided.
- To Register:** MNA members should contact Susan Clish at 781-830-5723 or via e-mail at sclish@mnarn.org with all the details from the form below.
MAAOHN members should contact Terry Donahue at 781-784-5158 or via e-mail at tadhfd@comcast.net.
- Things to Note:** **Chemical sensitivity.** Scents may trigger responses in those with chemical sensitivities. Men and women are asked to avoid wearing scented personal products when attending this program.
- Inclement weather announcement.** Call Evie Bain at 781-830-5776 after 6 a.m. on the day of the program.



**Directions to MNA Region 3 Office:
From Points North/West of Cape Cod**

Take Route 3 south toward Cape Cod. Cross Sagamore Bridge onto Mid-Cape Highway. Take Exit 1 toward Route 6A/Sagamore/Sandwich. Turn right onto Route 6A. Continue 2.1 miles to Region 3 office, 60 Route 6A.

Registration Form: OSHA 10-Hour General Industry Outreach Training

MNA Region 3 Office: Oct. 18 and Nov. 15, 2007

Name _____

____ RN ____ LPN ____ APN ____ Other (specify) _____

Address _____

City _____ State _____ Zip _____

Telephone: Daytime _____ Evening _____

Place of Employment: _____

Three easy ways to register:

By Mail: Return completed form to: Susan Clish, MNA, 340 Turnpike St., Canton, MA 02021

By Phone: MNA members call Susan Clish at 781-830-5723. MAAOHN members call Terry Donahue at 781-784-5158

By Email: MNA members send email to sclish@mnarn.org. MAAOHN members send e-mail to tadhfd@comcast.net.

MNA CONTINUING EDUCATION COURSES

Fall 2007 Courses

Basic Dysrhythmia Interpretation

Description: This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book and require study between sessions one and two.

Speaker: Mary Sue Howlett, BSN, RN, CEN

Dates: Sept. 18, 2007 – Part One
Sept. 25, 2007 – Part Two

Time: 5 p.m. – 9 p.m. (light supper provided)

Place: MNA Headquarters, Canton

Fee*: MNA Members: Free; Others: \$195

***Requires \$20 deposit which will be returned upon attendance.**

Contact Hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794



Anatomy of a Legal Nurse Consultant

Description: This program will introduce the nurse to the scope of practice of the legal nurse consultant. The history and evolution of this important role, its multifaceted components, including practice environments, litigation process, case evaluation for compliance with standards of nursing/health care practice, nurse expert witness role, risk management and other important considerations will be described. Professional certification will also be addressed.

Speakers: Legal Nurse Consultants, Southern New England Chapter of the American Association of Legal Nurse Consultants

Date: Sept. 27, 2007

Time: 5:30 p.m. – 8:30 p.m. (light supper provided)

Place: MNA Headquarters, Canton

Fee: MNA and AALNC Members: \$65; : Others: \$95.00

Contact Hours: Will be provided.

MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Considerations for Sexual Assault Survivors

Description: This program will facilitate the provision of optimal care to adult and adolescent victims of sexual assault by increasing the nurse's awareness of the incidence of sexual assault, patient choices relative to care and issues of confidentiality and privacy.

Speakers: Mary Sue Howlett, BSN, RN, CEN, SANE; Kate Lawson, JD

Date: Oct. 11, 2007

Time: 5 p.m. – 9 p.m. (light supper provided)

Place: MNA Headquarters, Canton

Fee: MNA Members: Free; Others: \$95

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

ACLS: Certification & Recertification

Description: This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and

pharmacological interventions. This is a two-day certification and a one-day recertification course. Recertification candidates must present a copy of their current ACLS card at the time of registration. Attendees of this course must be proficient in basic dysrhythmia interpretation. This challenging course requires a high degree of self study and is best suited for nurses who work in the areas of acute and critical care.

Speakers: Carol Mallia, RN, MSN; Other instructors for clinical sessions

Dates: Oct. 16, 2007 (Certification—two days)

Oct. 23, 2007 (Recertification—one day)

Time: 9 a.m. – 5 p.m. (light lunch provided)

Place: MNA Headquarters, Canton

Fee*: Certification: MNA members: Free*; Others: \$250

Recertification: MNA members: Free*; Others: \$195

***Requires \$50 deposit which will be returned upon attendance.**

Contact Hours: Will be provided for first-time certification only.

MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Diabetes 2007: What Nurses Need to Know

Description: This program will discuss the pathophysiology and classification of Diabetes-Types 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

Speaker: Ann Miller, MS, RN, CS, CDE

Date: Oct. 25, 2007

Time: 8 a.m.–4 p.m. (light lunch provided)

Place: MNA Headquarters, Canton

Fee*: MNA Members: Free; Others: \$195

***Requires \$20 deposit which will be returned upon attendance.**

Contact Hours: 6.0

MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719



Mentoring: A Guide to Professional Development

Description: This program is designed to enable RNs with five years experience to identify the dimensions of the mentor role for implementation in guiding other nurses. The mentorship program was developed with three areas of concentration: Labor: Provides entry involvement into union-based activities in the workplace; Career: Provide information on avenues for professional growth and advancement, including specialty areas, advanced education and certification; Organizing/legislative initiatives: Provides entry into legislative activities, organizing and/or statewide initiatives.

Speaker: Dorothy Upson McCabe, RN, MS, M.Ed.

Date: Oct. 29

Time: 5:30-7:30 p.m.

Place: MNA Headquarters, Canton

Fee*: MNA Members: free; Others: \$45

***Requires \$20 deposit which will be returned upon attendance.**

Contact hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Critical and Emerging Infectious Diseases

Description: This program is designed to provide nurses with current information regarding critical infectious diseases, e.g. HIV/AIDS, tuberculosis, hepatitis, MRSA and emerging infectious diseases, e.g. Avian flu, Marburg virus, SARS, EBOLA, BSE and other diseases. The morning session will address specific diseases, their epidemiology, signs/symptoms, treatment and prevention. The afternoon session will address protecting nurses and others from disease exposure through the use of environmental and work-practice controls, as well as personal protective equipment.

Speakers: Alfred DeMaria, MD; Maureen Spencer, RN, MEd, CIC; Thomas P. Fuller, ScD, CIH, MSPH, MBA; Evelyn Bain, MEd, RN, COHN-S:

Date: Nov. 2, 2007

Time: 8 a.m. – 4 p.m. (light lunch provided)

Place: MNA Headquarters, Canton

Fee*: MNA Members: Free; Others: \$195

***Requires \$20 deposit which will be returned upon attendance.**

Contact Hours: 6.0

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Oncology for Nurses

Description: This program will increase knowledge in oncology nursing. The content will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of Hospice care. **Class size limited to 25.**

Speaker: Marylou Gregory-Lee, MSN, RN, NP, Adult Nurse Practitioner

Date: Nov. 7, 2007

Time: 8 a.m. – 4 p.m. (light lunch provided)

Place: MNA Headquarters, Canton

Fee*: MNA Members: Free; Others \$195

***Requires \$20 deposit which will be returned upon attendance.**

Contact Hours: 6.0

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Interpreting Laboratory Values

Description: This program will enhance the nurse's ability to evaluate and determine the clinical significance of laboratory values. Clinical case studies will be used to illustrate the relationship of laboratory values to patient conditions. Clinical management of abnormal laboratory values will be discussed.

Speaker: Carol Mallia, RN, MSN

Date: Nov. 27, 2007

Time: 5 p.m. – 9 p.m. (light supper provided)

Place: MNA Headquarters, Canton

Fee: MNA Members: Free; Others: \$95

Contact Hours: Will be provided.

MNA Contact: Phyllis Kleingardner, 781-830-5794 or 800-882-2056, x794

Cardiac and Pulmonary Pharmacology

Description: This program will provide nurses, from all clinical practice settings, with a better understanding of how cardiac and pulmonary medications work. Actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

Speaker: Carol Mallia, RN, MSN

Date: Dec. 4, 2007

Time: 5 p.m. – 9 p.m. (light supper provided)

Place: MNA Headquarters, Canton

Fee: MNA Members: Free; Others: \$95

Contact Hours: Will be provided

MNA Contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719



Continuing Ed Course Information

Registration: Registration will be processed on a space available basis. Enrollment is limited for all courses.

Payment: Payment may be made with MasterCard, Visa or Amex by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.

Refunds: Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

Program Cancellation: MNA reserves the right to change speakers or cancel programs due to extenuating circumstances. In case of inclement weather, please call the MNA at 781-821-4625 or 800-882-2056 to determine whether a program will run as originally scheduled. Registration fees will be reimbursed for all cancelled programs.

Contact Hours: Continuing education contact hours for all programs except "Advanced Cardiac Life Support" are provided by the Massachusetts Nurses Association, which is accredited as a provider of

continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

To successfully complete a program and receive contact hours or a certificate of attendance, you must:

- 1) Sign in
- 2) Be present for the entire time period of the session and
- 3) Complete and submit the evaluation

Chemical Sensitivity: Scents may trigger responses in those with chemical sensitivities. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

Note: All CE programs run entirely by the MNA are free of charge to all MNA members. Pre-registration is required for all programs.

Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.

Boston Metropolitan Area

- Bournewood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-3192. Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Terri O'Brien, 781-964-9546. Wednesdays, 5:15 p.m. & coed at 6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-559-8897. Fridays, 6:30-7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.

Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street,

Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Mondays, 6–7 p.m.

- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Emory, 508-429-9433. Saturdays, 11 a.m.–noon.

Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Teri Gouin, 978-352-2131, x15. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O'Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Kathy Hoyt, 508-790-1944. Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Dining Room, Pembroke. Sharon Day, 508-375-6227. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Michelle, 508-947-5351. Thursdays, 7–8:30 p.m.

Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Wednesdays, 7–8 p.m.

Other Areas

- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, Room E10, Manchester, N.H. Contacts: Janet, 978-975-5711, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m.



MNASM

PEER ASSISTANCE PROGRAM

Help for Nurses with Substance Abuse Problems

- Are you a nurse who is self-prescribing medications for pain, stress or anxiety?
- Are you a nurse who is using alcohol or other drugs to cope with everyday stress?
- Would you appreciate the aid of a nurse who understands recovery and wants to help?

CALL THE MNA PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755 OR 800-882-2056 (IN MASS. ONLY)

WWW.PEERASSISTANCE.COM

MNF annual golf tournament a big success

The Massachusetts Nurses Foundation (MNF) raised more than \$18,000 for its scholarship programs at its annual golf tournament on July 16. The MNF is a non-profit organization that supports scholarship and research in nursing.

More than 100 participants enjoyed the 18-hole Florida scramble-style tournament at the LeBaron Hills Country Club in Lakeville. The day's events included a buffet-style awards luncheon followed by a presentation of awards, which were given to the lowest female, male and mixed foursome scorers. The 50/50 raffle prize of \$875 was won by Janise Cashman, RN and chairperson of the MNA bargaining unit at Anna Jaques Hospital in Newburyport.

Special thanks to our volunteers Barbara "Cookie" Cooke, Brian Moloney, Cecilia Gould, Charlie Rasmussen, Chris Doucette, Dayana Ocasio, Deb Hickey, Donna Olsen, Ginny Ryan, Jim Kane, Joe-Ann Fergus, Liz Perez, Nancy Byrne, Phyllis Sheldon, Riley Ohlson, Theresa Yannetty and Tina Russell for helping to make this year's tournament a success.

Thanks as well to the planning committee: Andy Ferris, Cindy Messia, Shirley Thompson, John Gordon, Tony Antonelli and Tom Lent.

2007 Sponsors

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Tina Russell, RN
Unit 7 Health Care Professionals ■



Winners of the women's foursome, from left, Kathy Clune, Julie Bunn, Phyllis Berg and Joanne Raby.



Winners of the men's foursome, from left: Charlie Finn, Ed Hickey, Joe Byrne and Jim Axon.

MNA

2007

CONVENTION

October 3-5
Springfield Sheraton



Over 100 Years of Activism



Schedule



Wednesday, October 3

- 9:00-9:30 Registration, Continental Breakfast
- 9:30-12:00 Labor Conference, Keynote Speaker: Kim Bobo, Executive Director, Interfaith Worker Justice
- 12:00-1:00 Lunch; Live and Silent Auctions (a.m./p.m.)
- 1:00-3:30 Presentation by panel of RNs fighting for a contract
- 4:00-6:00 Reception at Springfield Museum
- 6:00-7:00 Awards Dinner Registration, MassMutual Center
- 7:00-10:00 Awards Dinner, MassMutual Center

Thursday, October 4

- 7:00-8:30 Registration, Exhibits, Continental Breakfast, Silent Auction
- 8:30-10:00 Keynote: Diana Mason, Ph.D, RN, FAAN, "So Much for Evidence"
- 10:00-10:45 Coffee break, Exhibits, Silent Auction
- 10:45-11:45 Debbie Smith, "Rape: A Survival Story"
- 11:45 -2:00 Lunch, Live Auction, Exhibits, Silent Auction
- 12:00-2:00 Unit 7 Annual Meeting and Luncheon
- 1:00-2:00 Region 5 Annual Meeting
- 2:00 Mass. Nurses PAC Meeting
MNA Business Meeting
- 6:30-7:00 President's Reception
- 7:00-8:30 Mass. Nurses PAC Reception Fundraiser
- 8:30-11:30 Las Vegas Night

Friday, October 5

- 7:30-8:30 Registration, Continental Breakfast, Auction Closes
- 8:30-10:30 Keynote: Ronald Nardi, MSN, APRN "Post Traumatic Stress Disorder: Nursing Implications"
- 10:30 11:00 Break
- 11:00 -12:00 Closing Plenary: Kevin O'Hara, "Everything I Learned from Life I Learned from My Donkey"
- 12:00-1:00 Lunch with Kevin O'Hara, Book Signing

Speakers

Kevin O'Hara, RN, BS is a man who was at the crossroads of his life. He had seen the horrors of war and was unable to let his sorrows go. It was there that he formed a wonderfully daft plan traveling the length of his home country, Ireland, by donkey cart. Along the way, he met some incredible characters and there he would find himself.

Debbie Smith was a stay-at-home mom in 1989 when an intruder entered her home, abducted, robbed and repeatedly raped her in the woods behind her home in Williamsburg, VA. For six and a half years this crime went unsolved until DNA made a cold hit on a repeat offender who was serving time for other crimes. Since the end of a lengthy and drawn out trial, Debbie has become a crusader intent on helping other victims and trying to prevent others from becoming victims.

Diana J. Mason, Ph.D, RN, FAAN is the Editor in Chief of the *American Journal of Nursing* which is a publication of Lippincott, Walter and Williams in New York City. Diana is a journalist who follows national trends in nursing. Her topic "So Much for Evidence," speaks to her editorial in the November, 2006 AJN which expounds on the fact that leaders in health care are ignoring nurses evidence on safe staffing.

Ronald Nardi, MSN, APRN is the Director of the Intensive Outpatient Treatment Program at the VA Medical Center in Newington, CT. He has developed an Advanced Treatment Approach model for Post Traumatic Stress Disorder titled "12 week Interoceptive Exposure Therapy." His presentation will address PTSD, including the precipitating and resiliency factors of PTSD, their outcomes and treatment options in working with individuals suffering from PTSD.

Registration forms also available at www.massnurses.org

Registration Form

Name _____

Address _____ City/State/Zip _____

Telephone: Day _____ Evening _____

I am a(n): MNA Member *Full-time Student/Unemployed/Retired Non-Member

* (Includes full-time students [minimum 12 credits], unemployed, retired and student nurse association members.)

Check here if you require vegetarian meals

Check here if you require special assistance during the convention and please call the MNA at 800-882-2056, x727

Three Convenient Packages

Thursday-Only Package:

Includes ALL events on Thursday: keynote, plenary session, all meals, exhibits & auction

MNA Members **\$45** All Others **\$60** Reduced Members* **\$35** \$

Friday-Only Package:

Includes ALL events on Friday: keynote, plenary session, breakfast & auction

MNA Members **\$35** All Others **\$50** Reduced Members* **\$30** \$

Full Two-Day Convention Package — Thursday and Friday:

Includes ALL events on Thursday and Friday.

MNA Members **\$75** All Others **\$100** Reduced Members* **\$70** \$

Optional Events

Please check below if you plan to attend the following events:

- General Labor Program** • Wednesday, 9 a.m. – 3:30 p.m. n/c
- Reception at Springfield Museum** • Wednesday, 4 – 6 p.m. n/c
- Awards Dinner** • Wednesday, 7 p.m. **\$45** \$
- Region 5 Business Meeting** • Thursday, 1 p.m. n/c
- Unit 7 Business Meeting & Lunch** • Thursday, Noon n/c
- Mass Nurses PAC Fundraiser** • Thursday, 6:30 – 8:30 p.m. **\$45** \$
- Las Vegas Night** • Thursday, 8:30 – 11:30 p.m. n/c
- Lunch with Kevin O'Hara book signing** • Friday, Noon – 1 p.m. **\$25** \$

Total Convention Fees: \$ _____

Payment

Please mail this completed form with check made payable to MNA to: **MNA, 340 Turnpike Street, Canton, MA 02021.**

Payment may also be made by VISA MasterCard American Express.

Account # _____ Exp. Date: _____

For credit card registrations, please fax this form to 781-821-4445. Please call 800-882-2056, x727 to verify receipt.

For office use only: Charge Code: _____ Amt: _____ Date: _____ Ck#: _____ Ck. Date: _____ Init: _____

Information

Springfield Sheraton Hotel

Room rates are \$120 per night with a charge of \$10 for each additional guest. The charge for a rollaway bed is \$10. The above rates are subject to prevailing local and state taxes (currently 12.45% and \$.30 per guest room per night). Reservation cut off date is Sept. 11, 2007. The reservation number is 1-413-781-1010 or 1-800-426-9004. The hotel has indoor parking spaces as well as enclosed spaces in the Interstate 91 South Lot connected by an enclosed walkway. Day parking is \$4 per day; overnight parking is \$9.95 per night.

Refund Policy

Requests for refunds will be accepted in writing until Aug. 30, 2007. A \$25 administration fee will be deducted from each registration refund. No refunds will be granted after Aug. 30, 2007. On-site registration is contingent upon space.

Chemical Sensitivity

Attendees are requested to avoid wearing scented personal products when attending the 2007 MNA Convention. Scents may trigger responses in those with chemical sensitivity.

Contact Hours

Continuing nursing education contact hours will be awarded by the Massachusetts Nurses Association which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. **To successfully complete a program and receive contact hours, you must: 1) sign in, 2) be present for the entire time period of the sessions and 3) complete the evaluation.**

Questions

Call MNA's division of nursing at: 800-882-2056, x727.

Ciao Sorrento! MNA hosts another successful trip to Italy

By Carol Mallia RN, MSN

MNA Travel Program Coordinator

The MNA partnered with Durgan Travel several years ago to offer affordable European vacations for members and friends. This most recent trip brought travelers to Sorrento, Italy during the week between May 26 and June 3. Priced at \$1,899, it included air, transfers, hotel, all meals and daily excursions to world-famous destinations.

The group departed from Logan International Airport and flew to Naples, via Milan, on Alitalia Airlines. Upon arrival at the airport in Naples we were met by Titizana, our tour escort. After a leisurely bus ride to Sorrento we enjoyed a Margarita pizza at a quaint little restaurant in the heart of Sorrento. We checked into our hotel, the Hotel Michelangelo, which is where we stayed for our entire visit. The remainder of the day was spent lounging by the pool, napping and/or exploring the local shops.

On our first full day in Italy we explored Sorrento. Titizana and our guide, Raffael, took us on a walking tour through the historical center of the city, including a visit to the Museum of Correale which is situated in the 18th century palazzo at the east end of town. In the afternoon, we visited La Sorgente, a picturesque agricultural farm, belonging to the family Marciano which is nestled in the Sorrentine hills with a fabulous view of the city of Naples. The farmers toured us around the facilities and demonstrated how to make mozzarella “the old fashioned way.” We were then treated to a sampling of homemade wine, limóncello and Italian bread topped with fresh tomato, mozzarella and a drizzle of olive oil.

The next day we were scheduled to go to the Isle of Capri, but our plans were unfortunately delayed by intense winds that came in over night—the seas were too rough and all ferry service was cancelled for the day. Instead, we moved up our “free day” and many people in the group headed to Positano via bus. Others joined Raffael for a waking tour of Naples while some took advantage of Sorrento’s treasures, including the magnificent views of the city’s hill sides and coastlines.

The weather was perfect for our next day’s excursion along one of the most scenic roads in the world—the Amalfi Drive. Our first photo stop was above Positano, one of Italy’s most famous and elegant resorts. We then continued our drive through the ancient marine republic of Amalfi. Raffael took us on a walking tour of Amalfi and the beautiful Cathedral of St. Andrew. We then had free time to explore the town and shops. After Amalfi, we enjoyed a delicious lunch at a cliff-side restaurant in the town of Scala followed by a trip to the beautiful mountain-side town of Ravello.

The next day was our trip to the lost city of Pompeii. The city was filled with truly incredible sights and history, which Raffael brought to life with his expert knowledge as a guide. Later, while



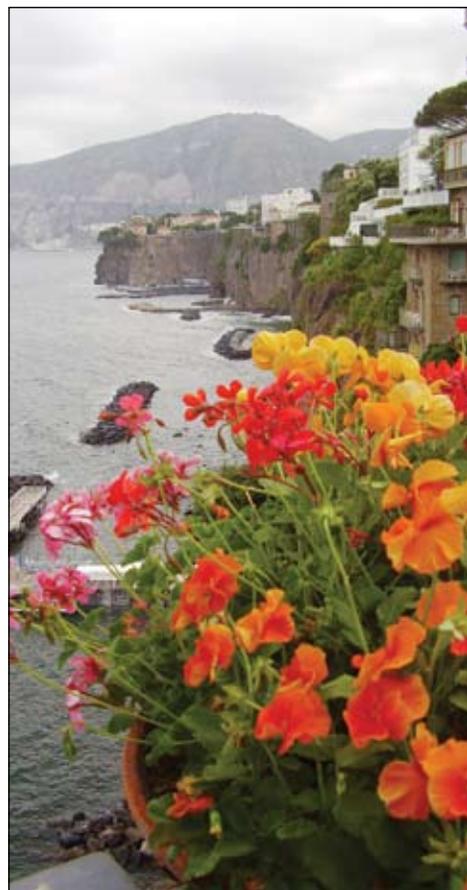
The MNA group on the balcony of the restaurant in Scala with Ravello in the background.

en route to Naples, we stopped at a cameo factory and learned about this ancient art. We enjoyed a panoramic tour of the city and went up to the heights of Naples to view the city and bay.

Morning showers did not put a damper on our tour of Monte Cassino. While there we visited the famous hilltop Abbey of Monte Cassino, which was destroyed during one of the most brutal battles of World War II and re-built in the 1950s. Lunch was at an elegant restaurant in Caserta. Following lunch we toured the Royal Palace, built by Charles IV to rival the Palace of Versailles, and its magnificent grounds and gardens. The artwork and architecture were incredible, and we had plenty of time to relax and explore the gardens. Many of us took a horse drawn carriage ride around the park.

On our last full day in Italy we made the trip we had all been waiting for: to the Isle of Capri! The weather cooperated beautifully and we took a ferry ride over to the island. About half of the group opted to take a boat tour around the island to view the grottos and Faraglioni Rocks. The natural beauties of this island are best seen by water, and the color of the water was an indescribable blue. After the boat tour, we boarded small shuttle busses to get to the town of Capri and joined the others for a delicious lunch. The group divided again and most took the optional tour to Anna Capri at the peak of the hill top. A chair lift ride to the very top of the mountain provided an additional thrill to those looking for that adventure. Others stayed and explored the chic shops and restaurants of Capri. The main square, Piazza Umberto, had a pretty white church and several open-air cafes to relax and enjoy the view. For our last night in Italy we were treated to a special farewell dinner at a local restaurant that included live Neapolitan music.

If you missed this trip, but would like to be



Sorrento Harbor.

part of future MNA/Durgan Travel tours, please contact Carol Mallia at cmallia@mnarn.org and request to be on the mailing list for future group programs. There are only a few seats left for the fall tours to Spain and Italy. Anyone interested is welcome to join the group. Travelers do not need to be MNA members or nurses to join the MNA’s tours. ■

MNA Member Discounts **Save You Money**

Personal & Financial Services

PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION 800-247-1500
Leading provider of professional liability insurance for nursing professionals. www.nso.com.

CREDIT CARD PROGRAM

BANK OF AMERICA 800-847-7378
Exceptional credit card at a competitive rate.

TERM LIFE INSURANCE

LEAD BROKERAGE GROUP 800-842-0804
Term life insurance offered at special cost discounts.

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Flexible and comprehensive long-term care insurance at discount rates.

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Six-month disability protection program for non-occupational illnesses & accidents.

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Provides income when you are unable to work due to an illness or injury.

RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP/VALIC 800-448-2542
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

DISCOUNT TAX PREPARATION SERVICE

TAXMAN INC. 800-7TAXMAN
20% discount on tax preparation services.

HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY 877-662-6623
Save on your next home loan/mortgage with discounts available to MNA members and their families. Receive free mortgage pre-approvals.

LIFE & ESTATE PLANNING

LAW OFFICE OF DAGMAR M. POLLEX 781-535-6490
10-20% discount on personalized life & estate planning.

BLUE CROSS BLUE SHIELD

Health insurance plan details are available by calling 800-422-3545, ext. 65414

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COLONIAL INSURANCE SERVICES, INC. 800-571-7773
MNA discount available for all household members. No service changes with convenient EFT payment. www.colonialinsuranceservices.com.

CELLULAR TELEPHONE SERVICE

AT&T WIRELESS 800-882-2056, EXT. 726
MNA members can now go to any AT&T Wireless company store for all transactions. 8% discounts on rate plans, 20% on accessories.

T-MOBILE 866-464-8662

Get a free phone, free nationwide long distance and roaming and free nights and weekends (on specific plans). No activation fee for members.

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Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola G3400 on any new purchase or upgrade.

SPRINT NEXTEL COMMUNICATIONS 617-839-6684

Save up to 30% on equipment, up to 23% on rate plans and up to 10% on accessories. www.nextel.com/massnurses.

DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP 800-308-0374
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

JEFFY LUBE DISCOUNT

Obtain an MNA discount card to receive 15% discount on automobile products & services.

CONSUMER REFERRAL SERVICE

MASS BUYING POWER 866-271-2196
Before you make your next purchase visit www.massbuy.com for any new products and services. (Sign-in name: MBP, password, MBP)

DISCOUNT PRODUCTS BY MEMBER ADVANTAGE

MEMBER ADVANTAGE 781-828-4555 OR 800-232-0872
Discount prices on a broad range of products. Register at mnadiscountproducts.com (Company code: MNA2006).

OIL BUYING NETWORK DISCOUNT

OIL BUYING NETWORK 800-660-4328
Lower home oil heating costs by 10–25 cents/gallon or \$150 per year.

WRENTHAM VILLAGE PREMIUM OUTLETS

Present your MNA membership card at the information desk to receive a VIP coupon book offering hundreds of dollars in savings.

SIGHT CARE VISION SAVINGS PLAN

Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT 800-WORKNGEAR
Receive 15% discount off all regularly priced merchandise. Visit www.massnurses.org for a printable coupon to present at time of purchase.

BROOKS BROTHERS DISCOUNT

15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. <http://membership.brooksbrothers.com>. (ID=87400, PIN=97838)

Travel & Leisure

CAR RENTAL

AVIS CAR RENTAL 1-800-331-1212
Discounts can be used for both personal and business travel. Avis Worldwide Discount (AWD) number Q282414.

HERTZ CAR RENTAL 800-654-2200
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

DISCOUNT MOVIE PASSES

Showcase Cinemas/National Amusements, \$7. AMC Theatres, \$6. Regal Cinemas (not valid first 12 days of new release), \$6.

DISNEY DISCOUNT

Discounted tickets to Walt Disney World and Disneyland along with other Florida attractions. Call 800-331-6483 .

ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

UNIVERSAL STUDIOS FAN CLUB 888-777-2131

Log onto the MNA Web site at www.massnurses.org and click on the Universal Studios Link to obtain special discount prices.

WORKING ADVANTAGE

Discounts for movies, theme parks, ski tickets, Broadway shows. www.workingadvantage.com (Member ID available from MNA, 781-830-5726).

BOSTON CELTICS

For information on MNA Boston Celtics discount nights, email massnurses@celtics.com or call 617-854-8068.

Mentoring: A Guide to Professional Development

Description: This program is designed to enable RNs with five years experience to identify the dimensions of the mentor role for implementation in guiding other nurses.

The mentorship program was developed with three areas of concentration:

- **Labor:** Provides entry involvement into union-based activities in the workplace
- **Career:** Provides information on avenues for professional growth and advancement, including specialty areas, advanced education and certification
- **Organizing/legislative initiatives:** Provides entry into legislative activities, organizing and/or statewide initiatives.

Speaker: Dorothy Upson McCabe, RN, MS, M.Ed.

Date: Oct. 29

Time: 5:30-7:30 p.m.

Place: MNA Headquarters, Canton

Fee: MNA Members: free; Others: \$45

Requires \$20 deposit which will be returned upon attendance

Contact hours: Will be provided

MNA contact: Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Donations Needed for MNF Auction

The Massachusetts Nurses Foundation is preparing for its annual live and silent auctions to be held at the MNA 2007 Convention in Springfield on Oct. 3-5.

Donations are needed to make these fundraising events a big success! Your **tax-deductible** donation helps the foundation raise funds to support nursing scholarships & research.

Simply donate your tax-deductible item, product or service and we will include it in the annual auction. Some ideas for auction donations include:

- | | |
|---|------------------------------|
| ✓ Valuable Personal Items | ✓ Craft Items |
| ✓ Gift Certificates for Items or Services | ✓ Memorabilia & Collectibles |
| ✓ Works of Art | ✓ Vacation Packages |
| | ✓ Gift Baskets |

Contact the MNF at 781-830-5745 to obtain an auction donor form or simply mail or deliver your donation to the Massachusetts Nurses Foundation, 340 Turnpike St., Canton, MA 02021.

Our mission is only accomplished through donations. Your donation provides the meaningful difference in what the foundation can do! Your support is appreciated.

Jeannine Williams
MNF President

Tina Russell
MNF Treasurer



Travel to Europe with MNA in 2007!

Florence, Venice & Rome Oct. 30-Nov. 7, 2007, \$1,869*

Join this wonderful nine-day/seven-night trip featuring Florence, Venice and Rome with tours included in each city as well as the beautiful Tuscan cities of Siena, San Gimignano and Assisi. The tour will



include four nights in the beautiful Spa town of Montecatini. From there, day trips to Florence, Venice, Siena and San Gimignano will be arranged. The time in Rome will include a full-day sightseeing tour of the Coliseum, the Parthenon, the Spanish Steps, the Trevi Fountain, Vatican City and much more. This trip includes round-trip air from Boston and transfers to and from the hotel. Breakfast and dinner included, as well as one lunch.

Costa Del Sol plus Madrid Nov. 6-14, 2007, \$1,769*

This Spain tour will feature the first five nights in the beach resort of Torremolinos on Spain's Costa Del Sol with the last two evenings in Madrid. We will enjoy a sightseeing tour that includes Ronda, Grenada to



see the Alhambra, Seville and Gibraltar. En route to Madrid, we'll visit Toledo, and while in Madrid, we'll have a panoramic city sightseeing tour, and visit to the Prado museum. The last afternoon will be free for individual sightseeing and shopping. This tour includes three meals daily except our last full day in Madrid where lunch is on your own.

For more information and a flyer on these great vacations, contact Carol Mallia at cmallia@mnarn.org with your mailing address.

*Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are not included in the listed prices. Credit card purchase price is \$30 higher than the listed price.

Nursing Congress seeks members

The Congress on Nursing Practice is responsible for identifying issues and practices impacting the nursing community. It is currently working to develop a mentorship program for members and a position statement specific to the compact legislation filed by the Board of Registration in Nursing.

The Congress meets the fourth Monday each month, 5:30–7:30 p.m., at the MNA headquarters in Canton.

If you are interested in joining, contact Dorothy McCabe, at 781-830-5714 or via e-mail at dmccabe@mnarn.org. ■

HELP WRITE NURSING HISTORY Study Needs Participation

Registered nurses who voted to support or oppose the Massachusetts Nurses Association disaffiliation from the American Nurses Association are sought. This doctoral dissertation will record and analyze the diverse perspectives of participants to better understand this turbulent time for the nursing profession.

For more information, or to be included in the study, please contact:

Barry L. Adams, RN, BSN, MA, ABD
(bladamsheller@aol.com)

or Professor David Gil (gil@brandeis.edu).

Basic Portuguese for Health Care

October 22, 29, November 5 & 19

5:30 p.m.-8:45 p.m. • Light supper served at 5 p.m.

This 12-hour training program offers health care professionals an opportunity to learn some basic Portuguese as a way of helping to facilitate interactions with Portuguese patients and their families. Topics covered include: greetings and goodbyes, etiquette, introductions, numbers, days/months/dates and communication strategies. Health care topics include patient body commands, calming the patient, initial pain diagnosis, gathering personal information, directions, naming of family members and parts of the body.

This program also incorporates an overview of Brazilian culture with an emphasis on origins, language and communication style, family values, religion and attitudes towards health care. No prior knowledge of Portuguese is necessary.

This program is **NOT** for individuals who already possess Portuguese language ability.

Fee for MNA Members: A deposit of \$95 is required, but it will be refunded upon completion of the program. **Fee for all others:** \$225

Important notes: Participants will be required to order course materials which include a basic Portuguese booklet with an accompanying CD and customized handouts created by the program's facilitator. The fee for course materials is \$35. Program materials are non-returnable.

CEs: This program **does not** award continuing nursing education hours.

Program cancellation: MNA reserves the right to cancel programs for extenuating circumstances. Registration and fees will be reimbursed for all cancelled programs.

Enrollment: Limited to 20 participants.

To register: Call Liz Chmielinski in the MNA nursing division at 781-830-5719 or 1-800-882-2056, x719. Registration is on a space available basis and will close once 20 registrations are received.



MASSACHUSETTS NURSES ASSOCIATION

The Massachusetts Nurses Association gratefully acknowledges the generous support of the exhibitors at the Conference on Workplace Hazards to Nurses and Other Healthcare Workers: Promising Practices for Prevention, June 7 & 8, 2007

Anderson & Associates/Sandel Medical
Inviro Medical
Leading Edge Products, Inc.
Massachusetts Association for the Chemically Injured
Massachusetts Department of Public Health –
Occupational Health Surveillance Program
Massachusetts Division of Occupational Safety –
On-site Consultation Program, Private Sector
Massachusetts Division of Occupational Safety, Public Sector
MassCOSH
Nurses Service Organization
Retractable Technologies
Rx Info Card
Safety Source Northeast
Simmons College – School of Nursing
U.S. Dept. of Labor – OSHA
Western MassCOSH

Thank You, Vendors!



MASSACHUSETTS NURSES ASSOCIATION

Web site coordinator

Produces, designs, maintains, updates, and upgrades all elements of the MNA web site and other web-based communications tools in concert with MNA mission goals and objectives. Develops and implements web strategies/solutions. Qualifications: BA degree with two plus years experience in web site production, design, and maintenance. Experience with HTML, JavaScript, Dreamweaver a must, Windows/MSO, database management, working knowledge of basic composition, page layout, art, and presentation packages such as Excel, PowerPoint, QuarkXpress, Adobe InDesign, PageMaker, Illustrator, and Photoshop. Banner ads, streaming video/audio and shockwave capabilities preferred. This position requires strong written and communication skills, excellent time and project management skills as well as experience and ability to work with a variety of people.

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience, Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, www.massnurses.org 340 Turnpike St. Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.



MASSACHUSETTS NURSES ASSOCIATION

The MNA Seeks an Associate Director, Division of Nursing

Proven educator with extensive current clinical practice in acute care. Requirements for the position include knowledge of clinical practice and the regulatory issues related to nursing practice. Documented experience in planning, presenting, implementing and evaluating nursing education programs. Experience in researching and writing articles for publication related to nursing practice. Collaborative skills in working with nursing and other health related groups. Documented collaborative skills. Experience in working with direct care nurses. Accountable for carrying out activities related to the labor goals of the Association. Master's degree in nursing required.

The Massachusetts Nurses Association (MNA) represents over 23,000 registered nurses & health care professionals. Salary commensurate with experience. Excellent benefits, position available immediately. To apply send resume to Shirley Thompson, Massachusetts Nurses Association, 340 Turnpike St., Canton, MA 02021 Tel: 781-821-4625 x711, Fax: 781-821-4445 or e-mail Sthompson@mnarn.org. MNA is an AA/EEO.

MNA REGIONAL COUNCIL 5

Join us for our Annual Meeting Thursday, October 4

1 to 2 p.m.

2007 MNA Convention Springfield Sheraton

Clinical Nurse Specialist

Dynamic community mental health center in Cambridge, MA is seeking a part-time (15-20 hrs/wk) Clinical Nurse Specialist with a Master's Degree and 2+ years experience in mental health services to assess, prescribe and manage treatment for children and adolescents.

See our website for details:
www.gcinc.org
or call Joyce Colman,
617-354-2275, ext. 124.

Commonwealth Hematology-Oncology, P.C.

Seeks experienced and motivated individuals for part-time Oncology Research Nurse positions in our Haverhill, Stoneham and Quincy Offices.

Working 16 to 24 hours per week, our research nurses are part of a team involved in an exciting and innovative Clinical Trials program that will increase the treatment options available to our patients.

Successful candidates will have a minimum of 2 years oncology and/or Clinical Trials experience. Comprehensive training will be provided.

Please fax your resume
Attn: Sue Pitts (978) 287-3642—EOE

INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

A new MNA family benefit



As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.

MNASM
MASSACHUSETTS NURSES ASSOCIATION

Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

- **Purchases & Refinances**
- **Home Equity Loans**
- **Debt consolidation**
- **Home Improvement Loans**
- **No points/no closing costs**
- **Single & Multifamily Homes**
- **Second Homes**
- **Condos**
- **No money down**
- **Investment Properties**

Group discounts: As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

Expert advice: Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

- **\$275 Off Closing Costs**
- **1/8 Point Discount off Points Incurred**
- **Free Pre-Approvals**
- **Low Rates & Discounts**
- **No Point/No Closing Cost Programs Available**
- **Also Available to Direct Family Members**

CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

1.877.662.6623
1.877.MNA.MNA3

MA Lic. MC1775; NH Lic. # 8503-MBB; CT Lic. 10182; RI Lic. #20011277LB; ME Lic. #SLM5764. Not every applicant will qualify for these programs.





The MNA has now scheduled dates in all five MNA Regions for the first two tracks of its new Labor School.

The school aims to educate members—soup to nuts—on a wide variety of union issues. The courses are organized into “tracks” with a specific overall focus. Five or six classes make up each track, and each class is two to three hours long. A certificate of completion is awarded to members at the end of each track. In addition, members who complete any two tracks will be given an MNA Labor School jacket. Members may choose which tracks and at what location they would like to participate. There is no commitment to attend all tracks. Classes run from 5–7:30 p.m.

For more information, contact your local Regional office or the MNA division of labor education at 781-830-5757.

For class dates by region & further details:

www.massnurses.org

781-830-5757

Labor School Locations

Region 1, Western Mass.

241 King Street
Northampton
413.584.4607

Region 2, Central Mass.

365 Shrewsbury St.
Worcester
508.756.5800

Region 3, South Shore/Cape & Islands

60 Route 6A
Sandwich
508.888.5774

Region 4, North Shore

10 First Avenue, Suite 20
Peabody
978.977.9200

Region 5, Greater Boston

MNA Headquarters
340 Turnpike Street, Canton
781.821.8255



Track 1: Role of the Floor Rep. & Grievances

Week 1

Welcome and Introduction
Overview of the MNA
Role of the Floor Representative
Recognizing a Grievance
Defining and Identifying Grievances

Week 2

Investigating Grievances
Union's Right to Information
Interviewing & Information Gathering
Duty of Fair Representation

Week 3

Grievance Procedure, Steps & Time Lines
Writing the Grievance
Arbitration
Organizing around Grievances

Week 4

Presenting the Grievance
Dealing with Management
Settling the Grievance

Week 5

Discipline and Just Cause
Weingarten Rights
Past Practice Grievances
Unfair Labor Practices and the NLRB

Track 2: Collective Bargaining

Week 1

Welcome and Introduction
Negotiations and the Legal Basis
Process Overview
Bargaining Team and Internal Ground Rules

Week 2

Contract Surveys
Formulating Proposals
Priorities, Goals and Themes
Researching the Employer and the Union

Week 3

Committee Decision Making
At the Bargaining Table
Getting Dates, Sites, etc.
Roles and Conduct at the table
Proposal and Counter-Proposal Exchange

Week 4

Table Tactics and Reading Signals
Contract Campaigns
Developing a Contract Action Team
Writing Proposals

Week 5

Contract Costing
Picketing, Workplace Actions and Strikes
Impasse and Contract Extensions
MNA Collective Bargaining Video

Week 6

Media and Public Relations
Reaching Agreement
Committee Recommendation & Ratification
The Contract Document
Mid Term Bargaining

Track 3: Building Union/Member Participation

Week 1

Purpose, Involvement & Participation
Structure of MNA and Bargaining Unit
Defining Member Participation
Organizing vs. Service/Business Models

Week 2

Organizing the Workplace
Mapping the Workplace
Contract Action Teams
Union Elections and the Law

Week 3

Newsletters, Bulletin Boards, Phone Trees
Surveying the Membership
Running Effective Meetings

Week 4

Community, Labor and Religious Coalitions
Legislative and Political Outreach
Regulators, Vendors and the Public
Working the Press

Week 5

Identifying a Range of Actions
Plan, Preparation and Calendar
Pressure Tactics: Petitions, Picketing, Rallies & Work to Rule
Strikes and Work Stoppages

Track 4: Labor Laws & Special Topics

Week 1

Family Medical Leave Act
Mass. Small Necessities Leave Act

Week 2

Fair Labor Standards Act
Overtime Rules
Labor-Management Reporting & Disclosure

Week 3

Union Officer Elections
Workers Compensation

OSHA

American with Disabilities Act

Week 4

Employment Discrimination and Title VII
Age Discrimination in Employment Act
Worker Adjustment and Retraining Act

Week 5

NLRB and Kentucky River/Oakwood Cases
Nurse Supervisor Issues